



**2 YEAR SERVICE GRANT PROJECT APPLICATION**

*SMWL Mission Statement:*

*SWML was founded with the principle of promoting, strengthening, and supporting women and issues of importance through fellowship, education, service and mentoring programs.*

Application must be post marked or emailed dated no later than January 31, 2018

Mail to the following address:  
**Southern Maryland Women's League**  
**P.O. Box 2511**  
**Waldorf, MD 20604**  
 email to: smwlgrantcommittee@gmail.com

<b>A. Name of Organization:</b>	
<b>B. Employer Identification Number:</b>	<b>C. Name of person completing this request:</b>
<b>D. Name(s) of Board of Director(s):</b>	<b>E. Mailing Address:</b>  Address  City  State  Zip Code
<b>F. Name of Executive Director:</b>	
<b>G. Phone Number (Area code and number):</b>  Fax Number (Area code and number):	
<b>H. Is your organization an IRS 501 (c) (3) not-for-profit? Please attach current IRS certificate of proof.</b>  Yes _____ No _____	
<b>I. Has the organization filed a Form 990 for 2016-2017</b>  Yes ___ No _____ (Please attach a copy of current Form 990)	<b>J. Have the organization's finances been audited by CPA? If so, for what year? Please attach its findings.</b>
<b>K. How many individuals does your organization serve on an annual basis?</b>  1-50 _____ 51-150 _____ 151+ _____	<b>L. Email:</b>  Web site:
<b>M. As a result of your activities as a non-profit or charitable organization, have any administrative complaints or investigations been filed against your organization and/or its officers in the last 5 years? Yes _____ No _____</b> <i>If yes, explain:</i>	<b>N. Number of groups currently serving this need:</b> 0 _____ 1-2 _____ 3+ _____

O. Has any entity, of the public or private sector, ever terminated or suspended their relationship with your organization (for other reasons than the completion of their funding obligation)? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, explain:*

P. How will the project continue sustainability after the SMWL grant is completed?

Q. How does your project support, serve, strengthen and mentor women?

R. Explain how your project educates women to improve their lives and be able to give back.

S. Explain how your project strengthens community relationships:

T. Explain the void that may exist if the SMWL does not adopt your project:

U. State the project's goal(s) and objective(s):

(Please provide an outline that describes the strategies, activities and timeline to achieve these goals using the grant funding):

**(Extra Space):**