



*Charity Guild*  
**OF CATHOLIC WOMEN**

*Benefitting Houston's children in need*

**Children's Charities Grant  
Application 2021 - 2022**

Legal Name of Organization: \_\_\_\_\_

DBA: \_\_\_\_\_ EIN: \_\_\_\_\_  
(if applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Charity Guild Sponsor (active member): \_\_\_\_\_



## **Children's Charities Grant Application**

2021 - 2022

Please provide all information requested and attach required documents.

Legal Name of Organization: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_ EIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

CEO/Executive Director: \_\_\_\_\_

CEO/ED Phone: \_\_\_\_\_ CEO/ED Email: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

(if not CEO/Executive Director)

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Grant amount requested: \$ \_\_\_\_\_ Organization's Fiscal Year: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_



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**Mission-Grant Alignment:**

*Briefly state the organization's mission and describe how the grant request complies with that mission in a way that will be meaningful to others who are learning about it for the first time. (Limited to the space provided.)*

**Additional Information:**

Total number of children served by the organization: \_\_\_\_\_

Number of children who will benefit from this grant:

\_\_\_\_\_ 0-5 years      \_\_\_\_\_ 6-11 years      \_\_\_\_\_ 12-18 years

Is the organization a United Way agency?       Yes       No

Does organization have IRS designation as 501(c)(3) charity?       Yes       No

What percent of the board members donate to the organization? \_\_\_\_\_

How many volunteers does your organization have? \_\_\_\_\_

Briefly describe how volunteers are used. *(Limited to the space provided.)*



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Describe **specifically** how the organization will use the requested funds.  
*(Limited to the space provided.)*

Organization Name: \_\_\_\_\_

I certify that I have read and approved this request.

\_\_\_\_\_  
CEO/Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CEO/Executive Director