

# GFWC CLEARWATER COMMUNITY WOMAN'S CLUB DAISY GRANT APPLICATION FOR 2024

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*The Clearwater Community Woman's Club (CCWC) has a long history of financially supporting non-profit organizations in Pinellas County. The Daisy Grants program was begun to provide Grants to documented non-profit organizations\* located in Pinellas County for a specific project valued at \$2000.00 or less. An organization cannot be a recipient of a Grant for two consecutive years in a row.. \*{Proof of 501C (3) must be submitted}.*

**The 2024 Daisy Grants will be awarded during the annual Daisy Luncheon. Recipients will be notified via email by February 23, 2024.**

**Each recipient is required to submit written documentation that the grant money was spent as proposed by April 1, 2025. Copies of paid receipts, a narrative report and evaluation are required. Pictures, programs and any other visuals will enhance your report to the CCWC membership.**

**Suggestions for writing a successful grant for CCWC:**

- 1. Copy application from CCWC website for required information and format. Do not attempt to “fill in” application.**
- 2. Utilize the application to create a grant package for your group.**
- 3. Prepare grant package with sections I - IV complete and in order.**
- 4. Mail completed grant application.**

**POSTMARKED BY JANUARY 12, 2024**

**RECEIVED NO LATER THAN JANUARY 16, 2024**

**TO**

**CCWC Daisy Grant Committee**

**P.O. Box 6074**

**Clearwater, FL 33758-6074**

**Questions may be addressed to the Grants Committee at [Grants@ccwcflorida.org](mailto:Grants@ccwcflorida.org).**

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**SECTION I: APPLICANT INFORMATION**

- A. Application Date
- B. Applicant (Legal Name of Organization)
- C. Physical Address
- D. Mailing Address
- E. Email Address and Telephone Number
- F. Contact Person and Title
- G. Brief History of Organization
- H. Mission Statement of Organization

**Section II: CERTIFICATION for NON-PROFIT STATUS**

- A. COPY OF IRS DEPARTMENT OF TREASURY TAX EXEMPTION (501 C 3)
- B. CURRENT FINANCIAL STATEMENT
- C. ROSTER OF CURRENT BOARD OF DIRECTORS AND KEY ADMINISTRATIVE PERSONNEL

**Copy and sign the following statement:**

***I hereby certify that the information contained in this application, including all attachments and supporting material, is true and correct to the best of my knowledge. (Individual signing below must be authorized by the organization to so certify on its behalf.)***

***Signature*** \_\_\_\_\_

***Printed name and title:*** \_\_\_\_\_

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**SECTION III: GRANT PROPOSAL**

- A. Project Title**
- B. Start Date and End Date**
- C. Amount of Funds Requested**
- D. Individuals Expected to Benefit from this Project**
- E. Problem or Need Addressed by this Program**
- F. Goal Statement Relating to Problem or Need**
- G. Specific Objectives to be achieved (Must be measurable)**
- H. Resource Needs (i.e. funds, equipment, specific goods) to fully Implement this Project:**
- I. Expected Outcome of Project (How will this project impact problem or need identified)**
- J. Proposed Project Budget**
- K. Funds requested will (Select One) and explain**
  - Fully pay for entire project/program
  - Provide for initiation of new project/program
  - Completely finish project/program underway
  - Provide for continuation of ongoing project/program
- L. Brochure, newspaper articles, printed materials or advertising about your group.**

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**Section IV: Final Report**

**Copy and sign the following:**

*I, the undersigned for \_\_\_\_\_ (organization) will be responsible to submit the required documentation of expenses, synopsis and evaluation of completed project to GFWC-CCWC by April 1, 2025, and give an oral presentation at the Clearwater Community Woman's Club general meeting on April 15, 2025.*

**Name (Typed):** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail the completed Grant Application Packet to:**

***GFWC CCWC Daisy Grant Committee***

**P.O. Box 6074**

**Clearwater, FL 33758-6074**

**Postmarked by January 12, 2024**

*Questions may be addressed to the Grants Committee at [Grants@ccwcflorida.org](mailto:Grants@ccwcflorida.org).*

## DAISY GRANT EVALUATION 2024

*(For your information, this rubric will be used to score the Grant applications.)*

Name of Organization \_\_\_\_\_

Stability of organization is reflected in its mission statement,  
history and length of time serving the community. (15) \_\_\_\_\_

Goals and objectives to be achieved by this grant are clearly  
written, measurable and comparable with each other. (25) \_\_\_\_\_

Narrative completely covers Daisy application requirements  
for details such as: (50)

+problem or need addressed by this grant \_\_\_\_\_

+individuals expected to benefit from grant \_\_\_\_\_

+expected outcome of project \_\_\_\_\_

+how project will be evaluated at conclusion \_\_\_\_\_

+worth of grant to community \_\_\_\_\_

\_\_\_\_\_

Practicality or realistic use of group's budget vs. the budget for  
the project. (10) \_\_\_\_\_

Comments: Should this group be one of our "winning" grants?  
Please write your recommendations and your thoughts to share with  
grant committee and no one else:

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Total score: \_\_\_\_\_

Evaluator's name: \_\_\_\_\_