

**PHILANTHROPIC BLACK WOMEN**  
*of Memphis*  
**APPLICATION**

Application Date: \_\_\_\_\_

**GENERAL**

Name of Organization \_\_\_\_\_  
Program Director \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone/Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**ORGANIZATION**

Are you a 501C3 Non Profit Organization?  YES  NO  
When did you become a 501C3 Organization? Date: \_\_\_\_\_  
What is your Federal ID #? ID#: \_\_\_\_\_  
What Year was your organization established? Year: \_\_\_\_\_  
Are you located in Shelby County?  YES  NO  
Have you been awarded a grant from PBWM in the past 3 year?  YES  NO  
If so, when? \_\_\_\_\_ Have you applied for a PBWM grant before?  YES  NO  
If so, when? \_\_\_\_\_  
What is your organization's TOTAL BUDGET? What percentage of that budget is Administrative vs  
\$ \_\_\_\_\_ (Please attach a copy) Program? \_\_\_\_\_  
What are your sources of funding? \_\_\_\_\_  
\_\_\_\_\_

For your Board, Staff and Volunteers, please provide the gender and racial composition. \_\_\_\_\_  
\_\_\_\_\_  
Provide a brief summary of your organization including mission and program objectives. (Please attach)  
What are the requirements to be a volunteer for your Organization? (Please attach)

**PROGRAM**

What is the name of your Program? \_\_\_\_\_  
What is your Funding Request? \_\_\_\_\_  
Attach a maximum 2 page description of the program that you want funded. Include an overview of the purpose and need and an implementation plan. Tell us how this program promotes economic self sufficiency, addresses the needs of your underserved clients, enables your recipients to reach their full potential and how you will measure the effectiveness and results of your proposal. (Please be specific in your responses).  
Provide the demographics and ages of the participants who will be served. \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide 3 program references with phone number and email addresses.

Name	Number	Email
1.		
2.		
3.		

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_