ZONTA
CLUB OF QUABOAG VALLEY

BUILD A BETTER WORLD FOR WOMEN AND GIRLS

Request for Service Grant Funds

An object of this club and of Zonta International is to improve the legal, political, economic, educational, health and professional status of women at the global and local level through service and advocacy. The Service Committee takes action by offering financial support for local service projects that are aligned with the Zonta International goals. Requests for funding by organizations located in the Quaboag Valley area and surrounding communities will be reviewed by the Service Committee and – if they meet the criteria for our support. Deadlines for submission are April 1st for May awards and October 1st for November awards.

Requirements for Grant Applications (check off):
- o The money will be used for direct services only and not administration
- o The proposed project provides services to individuals with a focus on women and girls in the greater Quaboag Valley
- o The project may include a hands-on component that Zontians (and supporters, if appropriate) can take part in
- o We are a tax-exempt organization under the Internal Revenue Code 501(c)(3)
- o We have a non-discrimination policy or an organizational philosophy of non-discrimination
- o We have defined goals and objectives

Service Grant Funds Application *Attach up to three items that would help support your request, i.e. brochure, press release, etc.*

Name of Organization: _____   Date: _____

Address: _____
Street /Mailing   City   State   Zip

Name/Title of contact for this application: _____

Telephone Number _____   E-mail: _____

Circle Grant Amount Category you are requesting: A $100 – 500 | B $500 - $1000 | C $1000 - $1500 | D $1500 - $2000

Description of the organization:

Project summary – the need, how funds will be used, who will benefit, the hands-on component, the timing. Please include how the specific project impacts women and girls. *(use attachment, but keep concise)*:

Service Committee Response:

Date received: _____   Date reviewed by committee: _____ Outcome: _____

Date reviewed by membership: _____   Outcome: _____
Action taken (check requested, hours scheduled, contact person notified, etc.)