

**SOROPTIMIST OF HUMBOLDT BAY**  
**CLUB GIVING APPLICATION**

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

Address and Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Title of Contact person: \_\_\_\_\_

How many women/girls will be served by the Grant? \_\_\_\_\_

Approximate ages of women/girls that will be served: \_\_\_\_\_

How will you recognize Soroptimist of Humboldt Bay for the Grant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this group previously been funded by Soroptimist International HB? (Yes/No) \_\_\_\_\_

If yes, when was this group funded by Soroptimist International HB? \_\_\_\_\_

**PLEASE ATTACH DOCUMENTS WHICH DETAIL:**

- **THE AMOUNT OF FUNDS REQUESTED;**
- **HOW THE FUNDS WILL BE USED;**
- **THE OBJECTIVES AND GOALS OF YOUR PROGRAM**
- Your 501(c)(3) letter, or that of your umbrella agency, if applicable and a letter of authorization for use if under an umbrella agency, if applicable.
- If a capital improvement is requested: copies of bids, invoices or proposals will be anticipated by the reviewers.

Please return to Soroptimist of Humboldt Bay, P.O. Box 96, Eureka, CA 95502

OR

Upload through our website

**Deadline for submission of this application is May 1**