



**St. Petersburg  
Women's Chamber of Commerce**

**Funds Application Form**

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Executive Director: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Number of Full Time Staff: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

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

Tax ID Number: \_\_\_\_\_ Are you a 501(c)3 Organization? \_\_\_\_\_

What communities does your organization serve? Describe locale: \_\_\_\_\_

\_\_\_\_\_

If funds from the Women's Chamber of Commerce have been previously allocated to this organization, please state date funds were received, the amount, and purpose for which the funds were used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to speak to our organization at a WCC meeting/luncheon? \_\_\_\_\_