

**PORT ST. LUCIE BUSINESS WOMEN**  
**2024 COMMUNITY ACTION & GRANTS APPLICATION**  
**Application due by 5pm, September 12, 2024**  
**Grants@PSLBW.com**

**SECTION A: Applicant Information**

Complete the information below. Be sure to identify the agency official who is authorized to execute any grant related documents/funds.

Agency Name \_\_\_\_\_

Contact \_\_\_\_\_

Authorized Official \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**SECTION B: PROGRAM INFORMATION**

Program Name		
Program Type		
Annual Budget & Source of Funding		
Amount of Funds Requested		
Estimated number of individuals served		
Estimated number of individuals/families that the grant will serve		

**SECTION C: Narrative Information**

On attached sheet(s), answer the following questions as concisely as possible. Please limit total response to 500 words or less.

1. How long will the program support and impact the lives of women and/or children? What service will it provide to participants?
2. What procedures and guidelines will be used to select and monitor program participants/grantee?
3. What specific outcomes do you seek to achieve? Describe in measurable terms and outcomes sought?

**SECTION D: Certification**

I do hereby certify that all facts, figures and representations made in this application are true and correct and that fiscal control shall be implemented to ensure proper accountability of any grant funds awarded. The filing of this application has been authorized by the grant applicant and I have been duly authorized to act as the representative of the Grant Application in connection with this application. I also certify that this is a 501c3 organization.

Authorized Official's Signature & Date	Print Name
Name of Grant Applicant	Tax ID