

**HDCCW GRANT GUIDELINES**

1. Funding may be requested for first year subsidy of affiliation fees for new council/district start-ups - not to exceed $150.00. Existing councils or districts may also request assistance for affiliation fees on a one-time-only basis.
2. Project funding may be requested up to a maximum of $200.00 - to be made available in increments of $50.00.
3. Project requests must be submitted using HDCCW Form with a complete description of the project.
4. Funds will be allocated on a first-come, first-served basis until the HDCCW Grant money is depleted.
5. Forms should be submitted with the approval of Parish Council President.
6. If the approved project is not completed for any reason within the 60-day time limit, the money is to be returned to HDCCW.
7. Proof of completion would be a brief write-up within 30 days of the project end. This would include the number of participants and other relevant information along with a photo (if possible).
8. Please submit typed or legibly printed applications to:

**Nancy C. Bauer, HDCCW Treasurer**

**422 Mulberry Street**

**Mifflinburg, PA 17844**

**570-497-9344**

[**hdccwtreasurer@gmail.com**](mailto:hdccwtreasurer@gmail.com)

**HDCCW GRANT PROGRAM - REQUEST FOR PROJECT FUNDING**

**CCW COUNCIL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUESTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNCIL PRESIDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HDCCW BOARD ACTION:**

\* Grant was recommended for full funding. Amount \_\_\_\_\_\_\_\_\_\_\_

\* Grant was recommended for partial funding. Amount \_\_\_\_\_\_\_\_\_\_

\* Grant was not recommended for funding. Reason conveyed on HDCCW letterhead.

\* The Board encourages applicant to re-submit after clarifying items marked above.

**REASON FOR REQUEST:**

(select one option)

\_\_\_\_\_\_\_\_\_ Request for parish/district affiliation fees

**REASON:**

\_\_\_\_\_\_\_\_ Project funding

**PROJECT NAME:**

**DESCRIPTION:**

**AMOUNT OF FUNDS REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT TIMELINE:**

**HOW WILL THIS PROJECT SERVE YOUR COMMUNITY?**

**HOW DOES THIS PROJECT FALL WITHIN THE MISSION OF THE CCW?**