The Cosmopolitan Club
of Philadelphia

# The Cosmopolitan Club of Philadelphia Giving Circle (CCPGC)
# 2027 Grant Application
## COVER SHEET

Name of Organization

Address

Phone

Email

Website/Social Media

Executive Director

Phone Email

Primary Contact for Grant Application (if different from above)

Title Phone Email

Grant Category:
There are two grant categories, one for each of two types of organizations.

Chose the one grant category for which you are eligible and are applying. Check one.

An organization that has been in existence for at least 3 years and has an annual operating budget (not including in-kind contributions) of $300,000 to $1,00,000 is eligible to apply for grant of $10,000.

An organization that has been in existence for 4 or more years and has an annual operating budget (not including in-kind contributions) of over $1,000,000 to $10,000,000 is eligible to apply for a grant of $40,000 to $50,000.

☐ $10,000) ☐ $40,000-$50,000

Agreement: I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in political or unlawful activities.

Signature of Executive Director Date

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# The Cosmopolitan Club of Philadelphia Giving Circle 2026
# Grant Application

## PROPOSAL SUMMARY AND ORGANIZATIONAL BACKGROUND

The focus of this grant is the provision of health care services to low-income women and children in the City of Philadelphia. Applications are sought from non-profit 501©(3) organizations that provide direct services to a range of medical issues with an emphasis on assisting women and children at risk of losing access to health care due to cuts I permanent support or changes in regulations. Medical issues may include but are not limited to general and maternal health, pre- and post-natal care, infant care, child care, teen care, dental care, mental and behavioral healthcare, and health issues that disproportionately affect women. Describe the ways in which the services offered by your organization address this focus

**Summary of Services to be Provided by this Proposed Grant (500 words or less)**

**Description of Services Currently Provided by your Organization Offered (500 words or less)**

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**Provide information about your organization:**

History & mission (300 words or less)

Length of Time in Existence

Geographic Service Area, Target Population, & Numbers Served Yearly

Who are the key staff members responsible for meeting the need identified in this proposal, including title, tenure, and relevant experience?

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What areas of the city will be served by the services described in this proposal?

What percentage of your annual budget supports the services described in this proposal?

Will the grant expenditure be made over a 12- or 18-month time period? If 18 months, a report will be required at the end of 12 months and a final report will be due at the end of the 18-month period.

☐ 12 months ☐18 months

**ANTICIPATED OUTCOMES AND MEASUREMENT**

List the outcomes of the proposed services and how you plan to measure them.

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**FINANCIAL CAPACITY**

. Please provide the following financial documentation

- Current fiscal year organizational budget,
- Current actual income statement & balance sheet
- For the $10,000 grant, submit current year reviewed/audited financial statements, and 990 form for the most recent year.
- For the $40,000 to $50,000 grant, submit audited financial statements and 990s for the most recent three years.

If there has been an operating deficit of more than 10% in the prior fiscal year, please explain.

**Organization's Sources of Revenue – Current Fiscal Year**

Describe any significant changes that have occurred or that you anticipate in your revenue sources as relate to the grant area.

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**BOARD CAPACITY**

What role does the Board play in leadership or governance of the organization?

What is the total amount of money contributed annually by Board members?

What percent of Board Members make contributions?

**DIRECTIONS FOR UPLOADING DOCUMENTATION**

**Include your organization in the name of all required documentation files & application packet.**

Complete this Application Packet and submit to **givingcircle@cosclub.org**.
Submit all supporting documentation files via **Google Form HERE**.

- Current fiscal year organizational budget
- Evidence of 501(c)(3) eligibility or fiscal representative agency
- Audited/reviewed financial statements and 990s from most recent fiscal year for $10,000 grant and most recent three years for $40,000-$50,000 grants,
- Current actual income statement and balance sheet
- List of board of directors and affiliations
- Organizational chart

## Deadlines

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|---|---|
| **January 13, 2027** | **Applications due by 5pm** |
| **February 2027** | **Semifinalists chosen for site visits** |
| **February/March 2027** | **Semifinalist site visits** |
| **By March 31, 2027** | **Finalists identified** |
| **April 21, 2027** | **Finalist presentations to Giving Circle** |
| **After April 21, 2027** | **Notification – Agencies awarded funds** |
| **Spring 2028** | **Final Report Due (12-month grant)** |
| **Fall 2028** | **Final Report Due (18-month grant)** |