



**Section 1: Application Process**

- A. Application for Funding or In-Kind Donation Section. Please submit copies of your 501c3 Certification document, this is a requirement for the review of your application.**

**Please submit applications to: [DHayes@BHHSBLAKE.com](mailto:DHayes@BHHSBLAKE.com)**

**Mail: Zonta Club of Glens Falls**

**Attn: Local Service Committee Chair**

**P.O. Box 251**

**Glens Falls, NY 12801**

- B. Deadline for submissions is: April 18<sup>th</sup>, 2025**

**C. Zonta Club of Glens Falls will notify all applicants by May 5<sup>th</sup>, 2025 regarding the status of their applications.**

**D. If funding is received, the organization is required to give a summary of the project’s outcome to the Zonta Club of Glens Falls.**

- E. Application questions should be directed to **Darlene Hayes, Local Service Committee Co-Chair, at:****

**[DHayes@BHHSBLAKE.com](mailto:DHayes@BHHSBLAKE.com)**

**Section 2: Background Information**

Request Date:	
Organization Name:	
Contact Name:	
E-Mail:	
Contact Title:	
Address:	
Phone Number:	
Website:	
501c3 certification #	

*The Zonta Club Foundation of Glens Falls, New York, Inc. is a 501c3 organization registered [#75-3122965] in the United States; contributions are tax deductible to the extent allowed by U.S. law.*

*Zonta International is a leading global organization of professionals empowering women worldwide through service and advocacy.*

**Section 3: Program/Project Information**

Program / Project Summary Please include counties & the number of women/girls to be served.	
Connection to the Zonta Mission	
If funding is provided, how will Zonta Club of Glens Falls be acknowledged? (logo use, press release, etc.)	

**Section 4: Financial Information**

Requested Amount:	
Date Funding or Donation Needed:	
Does the project/program have other funding sources? If yes, provide details.	

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