



GFWC Signature Program: Domestic and Sexual Violence Awareness and Prevention

Annual Projects & Programs:

1. **OCTOBER:** The Spring Toiletries Collection- Budget \$0 -Chair _____
2. **OCTOBER:** Clothes Donation "The Spring" Thrift Store and Boutique – Budget \$0 -Chair _____
3. **OCTOBER:** The Spring Infant and Children Collection-Budget \$0 Chair _____
4. **OCTOBER:** Purple the Color of Support- Budget \$25 – Chair _____
5. **OCTOBER:** Legislative Action Center – Supporting Bills related to this subject Budget \$0 – Chair _____

Awareness Month or Day & Topic:

1. October – Recognizing Domestic and Sexual Violence Awareness and Prevention
2. May - The first week of May is the National Week of Action for Missing and Murdered Indigenous Women.

Speaker Month **October**

Potential Speakers if you have contact information, please include it:

1. The Spring

Event Recommendations (Previously made by members – include in new ideas if you are planning to implement in 2024/2025)

1. Information Cards for public resources

Event Ideas:

1. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Monetary (GFWC) | <input type="checkbox"/> Monetary (Member) | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Hands on Activity (HOA) | <input type="checkbox"/> In-kind Donation (GFWC) | <input type="checkbox"/> In-Kind Donation (Member) | <input type="checkbox"/> Baskets |
| <input type="checkbox"/> Walks for Causes | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Scholarship | |
| <input type="checkbox"/> Awareness Post and/or Blog | <input type="checkbox"/> Attending a conference or speaker _____ | | |
| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

2. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
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| <input type="checkbox"/> Other | | | |

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Outline Sheet must be submitted no later than **June 30th** for budget purposes to WomansClubNewTampa@gmail.com. In title write: **GFWC WCNT Outline Domestic Violence and Sexual Violence Awareness.**

Submitted by: _____ Date _____

Leadership Team Review:

Budget Recorded - Treasurer _____ Date _____

Event Recorded on Calendar of Events VP - Program _____ Date _____