



ORGANIZATION SUPPORT APPLICATION
COVER PAGE

Applicant Data

Name of Organization _____

Contact Person Name _____

Contact Person Title _____

Mailing Address _____

City _____ State NC Zip _____

County Cabarrus

Contact Telephone (w) _____ (h) _____ (cell) _____

fax _____ e-mail _____ website _____

Applicant Attachments

Please use this checklist to make sure you have completed your application properly. Collate your ten packets with paper clips on three-hole punch paper in the order below:

___ Completed Application Cover Page, original and 9 copies

___ Completed Application Summary Page, original and 9 copies

___ Narrative (2-4 pages), 10 copies

___ Budget 2010-2011, 10 copies

___ Latest detailed financial report 2009-2010, 10 copies

___ Copy of 2008-2009 audit, 1 copy

___ Names, addresses and affiliations of Board of Directors, 10 copies

___ Organization By-Laws, 1 copy



ORGANIZATION SUPPORT APPLICATION
SUMMARY PAGE

Applicant Name _____

Grant Request \$ _____ Grant Amount Received 2009-2010 \$ _____

Purpose for which your funds will be used: (In the space below, summarize how your organization plans to spend the grant funds requested.)

Budget Summary

Fiscal year of applicant: _____ through _____
month/day month/day

Copy the totals from the income and expense statements or budgets for the years requested below:

FY 2008-2009 year-end report	FY 2009-2010 budget	FY 2010-2011 budget
Income: \$ _____	Income: \$ _____	Income: \$ _____
Expense: \$ _____	Expense: \$ _____	Expense: \$ _____

One audit attached (for organizations with a budget of \$100,000 or more) *10 copies of latest financial statement attached* *10 copies of budget attached*

Narrative

Please provide the information requested in the Guidelines under Evaluation Criteria. Use the provided subjects and numbers to organize the Narrative. Place your organization's name at the top of each page and number the pages. The Narrative must be at least two and no more than four pages, single sided, using size 11 or 12 font, on three-hole punched paper.

Certification

We certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge.

Signature Chief Executive Officer _____ Date _____

Signature Board President _____ Date _____

Signature Board Treasurer _____ Date _____