



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 (300-500 words), 10 copies

___ Budget 2019-2020, 10 copies

___ Latest detailed financial report 2017-2018, 10 copies

___ Copy of 2017-2018 audit if annual budget is \$125,000 or more

___ Names, addresses, emails, phone numbers and affiliations of Board of Directors, 10 copies

___ IRS tax determination letter, 1 copy

___ Organization By-Laws, 1 copy



ORGANIZATION SUPPORT APPLICATION
SUMMARY PAGE

Applicant Name _____

2019-2020 Grant Request \$ _____ **Grant Amount Received 2018-2019** \$ _____

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 (June 30, 2018 and 2019) and budget (2019-2020) in the spaces below:

FY 2017-2018 year-end report	FY 2018-2019 year-end report	FY 2019-20 budget
Income: \$ _____	Income: \$ _____	Income: \$ _____
Expense: \$ _____	Expense: \$ _____	Expense: \$ _____

<i>One audit attached (for organizations with a budget of \$125,000 or more)</i>	<i>10 copies of latest <u>financial statement</u> attached</i>	<i>10 copies of budget attached</i>
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Narrative

Please provide the information requested in the **Guidelines** under **Composing the Narrative**. The Narrative should be 300 to 500 words, 12 pt. font, single spaced.

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 Executive Director _____ Date _____

Signature Board President _____ Date _____

Signature Board Treasurer _____ Date _____