



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 2020-2021, 10 copies

\_\_\_ Latest detailed financial report 2018-2019, 10 copies

\_\_\_ Copy of 2018-2019 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 \_\_\_\_\_

2020-2021 Grant Request \$ \_\_\_\_\_ Grant Amount Received 2019-2020 \$ \_\_\_\_\_

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

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**Budget Summary**

Fiscal year of applicant: \_\_\_\_\_ through \_\_\_\_\_  
month/day month/day

*Copy the totals from the income and expense statements (June 30, 2019 and 2020) and budget (2020-2021) in the spaces below:*

FY 2018-2019 year-end report

Income: \$ \_\_\_\_\_

Expense: \$ \_\_\_\_\_

FY 2019-2020 year-end report

Income: \$ \_\_\_\_\_

Expense: \$ \_\_\_\_\_

FY 2020-2021 budget

Income: \$ \_\_\_\_\_

Expense: \$ \_\_\_\_\_

*One audit attached (for organizations with a budget of \$125,000 or more)*

*10 copies of latest financial statement attached*

*10 copies of budget attached*

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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.

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**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 \_\_\_\_\_