 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 Information: phone (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Narrative**

Please provide the information requested in the **Guidelines** under **Composing the Narrative**. The Narrative should be 300 to 500 words

**Budget Summary**

Fiscal year of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 month/day month/day

Note: Year end reports are the actual financial report from the last month of the fiscal year.

Budget is the proposed budget to guide you in the upcoming fiscal year.

**Year -end Financial Report** **Year-end Financial Report** **Budget**

1 year prior to most Most recently completed Upcoming year

recently completed fiscal year fiscal year

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

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

 ORGANIZATION SUPPORT APPLICATION

 SUMMARY PAGE

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Request** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Grant Received: $\_\_\_\_\_\_\_\_\_\_\_ Fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose** for which your funds will be used. Please describe the general operating funds that this grant will support.

**Applicant Attachments**

Please use this checklist to make sure you have completed your application properly.

\_\_\_Completed Application Cover Page

\_\_\_Completed Application Summary Page

\_\_\_Narrative

\_\_\_Budget for next fiscal year

\_\_\_ Detailed financial report (budget under $125,000) or audit (budgets of $125,000 plus) of most recent completed fiscal year

\_\_\_Names, addresses, emails, phone numbers and ethnicity of Board of Directors

\_\_\_ IRS tax determination letter

\_\_\_Organization By-Laws

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