



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

1 year prior to most recently completed fiscal year

Income: \$ _____
Expense: \$ _____

Year-end Financial Report

Most recently completed fiscal year

Income: \$ _____
Expense: \$ _____

Budget

Upcoming year

Income: \$ _____
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 _____