



GRANT APPLICATION FORM

PART I: YOUR ORGANIZATION

Organization Information

Name: _____

Physical Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Federal Tax ID #: _____ Web Site: _____

Contact Information

Primary Contact: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

CEO/Executive Director Information

Name: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

1. Is your organization a nonprofit, tax-exempt organization under IRS Code Section 501(c) (3) or a governmental unit? If not, you do not qualify for a grant. If your organization is a 501 (c) (3), **please attach a copy of your current IRS tax-exemption letter with this Application.**
2. Is your organization a private, non-operating foundation? If **Yes**, you **do not** qualify for a grant.
3. Would a grant from Public Health Foundation of New Hanover County in the amount being requested jeopardize your tax-exempt status?
4. Will any of these funds be used to pay a nationally affiliated organization? If yes, please explain.
5. Does your organization now, or does it plan, in the future, to engage in any way in the promotion of advancement of political causes? If yes, please explain.

6. Summarize your organization's background, goals and current programs. Also, discuss your assets in personnel, services and programs that could be built upon the Foundations help.

7. Describe your organization's structure and attach a *list of your officers and directors*.

3. Describe the strategies you will develop to accomplish the objective(s).

4. State how, when, and who will conduct an evaluation to measure how well your project/program is meeting its objective(s).

PART III: FINANCIAL INFORMATION

1. Amount requested from Public Health Foundation of New Hanover County (*if multi-year funding is requested, also specify how you wish this to be paid per year.*)

2. Develop a complete project/program budget, including expenses and income, for the period you are requesting funds. **Also, please attach a copy of your most recent (s) 990 and (b) audit or financial statement with the application.**

Project Budget: From _____ To _____

Expenses (By Category)	Income (By Sources)
Total Expenses: \$	Total Income: \$

3. List the names of organizations, both public and private, to which you have applied for support for this specific project/program. Also show the amount requested and the status (pending, approved or disapproved).

FUNDS REQUESTED FOR THIS PROJECT:

Organization	Amount	Status
Total Amount:		

4. Describe how your project/program will become self-sufficient within 3 years.

5. If the funds are to be used for construction or equipment acquisition, explain the bidding process.

PART IV: REPORTING REQUIREMENTS

- 1. Do you agree to furnish to Public Health Foundation of New Hanover County, in a timely manner, periodic progress reports informing the Foundation of the progress made by your project/program?

Note: If Progress Report forms are enclosed for projects previously funded for which an annual report has not yet been made, please complete the forms and return with this Application.

SUBMITTED BY:

Typed or Printed Name of Chief Executive Officer of Requesting Organization

Signature of Chief Executive Officer

Date

Title

Typed or Printed Name of Chairman of the Board of Directors

Signature of Chairman of the Board of Directors

Date

APPLICATION CHECKLIST

- (1) Executive Director AND Chair Signature on signature page
- (2) Board of Directors/Officers List
- (3) IRS Tax Exemption Letter
- (4) 990 tax form
- (5) Audit or Financial Statements
- (6) Mail the original application and attached information to the Foundation office via regular mail or hand delivery only by 5:00 p.m. on the grant cycle deadline date (January 15 or July 15)
- (7) Email grant application only (no attachments) to drice@nhcgov.com

****Please call (910) 798-6590 if you have any questions or concerns****