

**Community Grants Program**

**Application for 2016-2017**

**INSTRUCTIONS:** Please fill in requested information in the gray boxes below. Save as <Agency Name>.doc and email it to amy@carolinameadows.net by **October 17, 2016.**
Only complete applications which follow word limits will be considered.

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| **CONTACT INFORMATION** |
| Applicant Organization  |       |
| Name of Executive Director |       |
| Proposal Contact Name (if different than above) |       |
| Title |       |
| Phone |       |
| E-mail |       |
| Organization Mailing Address |            |
| Organization Website |       |
| **ORGANIZATION INFORMATION** |
| Number of Employees |       full-time;       part-time;       volunteer |
| Federal Tax Exempt ID # (EIN)  |       |
| Organization’s Total Budget  | $      |
| Organization’s Funding Sources(e.g., United Way, donors, county, etc.) by percentage |       |
|  **GRANT REQUEST DATA** |
| Program/Project Title |       |
| **Amount of this grant request** | **$** |
| Total Number of people to be served during grant period |       |
| **TYPE OF REQUEST**  |
| [ ]  Supporting seniors [ ]  Supporting hunger relief  |

1. **Organizational Background:**
**Provide a brief summary of organization’s history and mission:** ***Limit 50 words.***
2. **Statement of Community Need:**
**What is the problem, challenge or need that is unaddressed or unmet? What is the research, statistic(s) or evidence that shows this need exists? *Limit* *150 words.***
3. **Project Description / Objectives**:
**Summary description, including activities, goals and objectives, and timetable.
Why is your organization positioned to address this need (e.g. skills, location, etc.)?
How is your project unique from similar existing programs at other organizations?
*Limit 300 words.***
4. **Evaluation and Results:**
**Discuss the anticipated outputs and/or outcomes for the request. How will outcomes be measured? What additional information will be collected to measure success? *Limit* *150 words.***
5. **Collaborative Effort and Sustainability:
How and with whom will the organization collaborate on this particular program? What are the strategies for funding this project beyond the grant period?
*Limit 150 words.***
6. **Program Funding Request:**
**Fill in the chart and provide a brief line item narrative of how the grant would be used. *Limit* *100 words.***

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| **Program/Project EXPENSES** | **TOTAL Project Cost** | **GRANT Request** |
| Salary Support for Staff | $       | $      |
| Overhead: rent, large equipment, etc. | $       | $       |
| Program - supplies, travel, etc. | $       | $       |
| Other: (please list here      ) | $       | $       |
| Other: (please list here      ) | $       | $       |
| ***Total***  | ***$***  | ***$*** |

**List of other sources of funding for this project and the amount (earned revenue, in-kind, fundraisers, other grant requests). For each, indicate amount requested and status of request (e.g. “to be submitted,” “pending”, etc.)**

***QUESTIONS:*** Please **contact Amy Gorely** at amy@carolinameadows.net or 919-370-7213.