

**THE COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC.
GRANT APPLICATION COVER**

Name of Organization _____

Contact Person _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

EIN Number _____

Signature and Title of Authorized Officer _____

PROJECT TITLE _____	AMOUNT REQUESTED \$ _____
PROJECT BEG. DATE _____	PROJECT END. DATE _____
BRIEF SUMMARY OF PROJECT/REQUEST:	

FOR OFFICE USE ONLY

APPROVED/DECLINED _____

DATE RECEIVED _____

DATE _____

PROPOSAL # _____

AMOUNT _____

CATEGORY _____

FINAL REPORT DATE _____

APPLICATION PACKET CHECKLIST:

- One Completed Application including the following:
 - One Completed Application Cover Sheet
 - One Copy of Application Narrative
 - One Copy of Project Budget
 - One list of your organization's/agency's officers or governing body
 - Evidence of Board Support (meeting minutes)
 - One copy of your federal tax exception 501(c)(3) letter (may be omitted if already on file with the Foundation.
 - One copy of your last financial statement showing income and expenses (annual report).
 - One letter of support from governing body
 - One copy of all pertinent supporting information
- 10 copies of including the following:
 - Completed Cover Sheet
 - Completed Application Narrative
 - Project Budget

