

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

Name of Organization:									
Contact Person:						Title:			
Address:				City:			State:		
Phone:			Fax:			Email:			
EIN Number:									
Authorized Officer:						Title:			
Authorized Officer Signature:									
Project Title:									
Amount Requested:		\$	Project Begin 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