



**Gold Shield Foundation of North Carolina Grant Request**

Organization / Agency Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone Number for primary contact: \_\_\_\_\_

Contact E Mail: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Application Date: \_\_\_\_\_

Dollar Amount Requested: \$ \_\_\_\_\_

When are funds needed by? \_\_\_\_\_

Please provide a detailed description of the items requested and intended impact on the organization / agency, along with any other relevant information below. Please note that the Gold Shield Foundation of North Carolina reviews all grant requests on a rolling basis and will work in good faith to respond in a reasonable amount of time. Please submit your final application to [goldshieldnc@gmail.com](mailto:goldshieldnc@gmail.com) you're your application complete.