**P. O. Box 574**

**Elizabeth City, NC 27907-0574**

**252-338-3235**

**Application for Grant**

The Elizabeth City Foundation Board of Directors reviews grant applications in their April (deadline March 15th) and October (deadline September 15) meetings.

Date: Click here to enter a date.

Organization Name: Click here to enter text.

Address: Click here to enter text.

Contact Person and Title: Click here to enter text.

Telephone Number: Click here to enter text.

501 (c) (3) Tax Exempt Organization? [ ]  Yes [ ]  No

Amount of Grant Funds Requested: Click here to enter text.

Date Funds Needed: Click here to enter a date.Project Completion Date: Click here to enter a date.

Project Funds Available from Other Sources:

 Amount: Click here to enter text. Source: Click here to enter text.

 Amount: Click here to enter text. Source: Click here to enter text.

**Attach the Following Information:**

1. Brief summary of the project (**required**)
2. Mission statement of your organization (**required**)
3. Description of organization’s impacts on local community (**required**)
4. Organization’s most recent fiscal year budget (revenues and expenditures) and next fiscal year’s budget (revenues and expenditures) (**required**)
5. Any additional information that will assist the Foundation in evaluating your application (**optional**)

 June 30, 2011