



Grant Support Program Application

Deadline October 2, 2019

Please refer to the Grant Support Program Policies and Procedures before completing this application.

Date _____

1. Organizational Information

Name _____

Address _____

City, State, Zip _____

Website _____ Non-profit Internal Revenue Code _____

Chairman, Board of Directors _____

Director _____

Contact Person _____

Email _____ Phone _____

Has your organization ever received Charity League of Lexington funding? Yes No

If so, when? _____ Total Amount Received \$ _____

For what purpose? _____

2. Project/Program Information

Name of Project/Program _____

Note the Status: Ongoing Program One Time Project Emergency Need

If this is an Ongoing Program, how do you plan to finance it in the future? _____

Beginning Date _____ or Date of New Phase _____

Completion Date _____

Amount Requested \$ _____ Date Needed _____



3. Project/Program Description Please be specific in descriptions. Additional support material may be attached.

Purpose

Goal(s)

Population served— ie, at-risk, under-served, children, men, women? Include estimate of how many will be served.

4. Organizational Financial Information Please attach Current Annual Operating Budget.

5. Project/Program Financial Information Please attach Current or Proposed Project/Program Budget and complete the items below. Use back of sheet if needed.

Total Amount Project/Program Budget \$ _____

Total Amount of your allocation \$ _____

What total funding amounts have been requested and received from other sources, public and/or private? Please list.

Name of Source(s)	Amount Requested	Amount Received
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Sources	Total Amounts	\$ _____

If this is an Ongoing Program, how do you plan to finance it in the future? Please explain.

6. References Please list 3 references that have knowledge of this project/program.

Name

Organization

Title

Email

Phone

Name

Organization

Title

Email

Phone

Name

Organization

Title

Email

Phone

7. Certification

We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge. This project/program has no connection with any organizations whose officers or agents advocate or endorse violence or are involved in partisan politics. We commit to acknowledge and use any Charity League of Lexington, Inc. funds that may be received for the sole purpose of this project/program, to return unused funds should this project/program be discontinued and to be in compliance with any legal requirements. A report on the project/program progress and/or completion will be submitted to the Charity League of Lexington no later than six [6] months after the receipt of any Charity League of Lexington funds.

Signature of Authorizing Official

Date

Name

Title

Signature of Contact Person

Date

Name

Title

Instructions for completing and submitting this application:

The following attachments must accompany this application before the request will be considered.

Please check off the enclosed, required items below.

- Copy of Current Operating Budget
- Copy of Current and/or Proposed Project/Program Budget

If there are any questions, please contact:
Lynette Anderson at lynette@parrottinsurance.com

Please submit application and documents to:
Charity League of Lexington
ATTN: Chairman, Financial Management
PO Box 223
Lexington, NC 27292