



**G R A N D F A T H E R**  
COMMUNITY FOUNDATION

## **Grandfather Community Foundation Grant Application Form**

### **Avery County Schools**

#### ***Mission Statement***

*To identify avenues for the members of Grandfather Golf and Country Club to improve lives of the people of Avery County and mobilize the members to do so through education and service opportunities.*

#### **Grant Application Qualifications/Requirements**

1. You **are** eligible for a grant if your organization:
  - Is located in Avery County, NC
  - Has been in operation for a minimum of 2 years
  
2. You are **not** eligible if your organization:
  - Needs funds for operation expenses only
  - Uses funds to promote political or religious beliefs
  - Transfers funds to any other organization
  
3. Grandfather Community Foundation accepts one grant application per organization during each open enrollment cycle. Organizations that have previously received a grant are still eligible to apply, provided they meet all criteria.
4. The foundation expects that any funds awarded will be used solely for the purpose set forth in the application.
5. There are two grant cycles per year for schools, Spring May 1-May 15 and Fall November 1-November 15.

## **Part I: Your Organization**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Part II Project/Need Information**

1. Is your Project/Need eligible for city, county, state, or federal funding?
2. Briefly summarize your organization's background, goals and current programs.
3. Describe the needs your organization will address in Avery County schools with these funds.
4. Describe how a Grandfather Community Foundation Grant will make a difference within your organization.

### **Part III Requirements For Submitting Your Application**

1. Completed Grant application
2. Current W-9

### **Certification**

I hereby certify that all the statements of this application and all the information contained herein are complete and true to the best of my knowledge and that the organization applying for this grant complies with the requirements for eligibility as found on page one (1) of this application.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_