



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

Grandfather Community Foundation Grant Application Form

Non-Profits

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. You must be a non-profit organization and have a current copy of your IRS Tax Exemption letter that must be included with your application.

4. 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.

5. The foundation expects that any funds awarded will be used solely for the purpose set forth in the application.

6. Applications are accepted from May 1-May 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 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. Current copy of Tax Exemption Letter
2. Completed Grant application
3. Current Financial Statement
4. List of your Board of Directors
5. W-9 form

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: _____