

ALBEMARLE COMMUNITY TRUST
Post Office Box 69
Hertford, NC
(252) 426-5735

APPLICATION FOR DONATION
FOR ORGANIZATION/AGENCY

1. Name of Organization: _____

2. Address: _____
Street or Post Office Box

City or Town State Zip Code

3. Phone Number: _____
Work Home

4. Contact Person: _____
Name Title

5. Is organization requesting funding exempt from payment of income tax:
Yes_____ **No**_____ If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service must be attached.

6. A copy of financial statement(s) for most previous year should be provided. If not available forms will be provided.

- a. Statement Attached: _____
- b. Forms requested: _____

7. Number of individuals, families or groups served in Camden, Chowan, Pasquotank, Perquimans or Currituck Counties in last year: _____

8. Does agency serve outside Camden, Chowan, Pasquotank, Perquimans or Currituck Counties:

Yes _____ No _____

If yes, please provide information on number served and location.

9. State Amount Requested and Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.)

10. Has the organization received funding from ACT in the past? Yes _____ No _____

If yes, please list the date and amount of funding. _____

11. Has the organization been denied funding by ACT for any reason in the past? Yes _____ No _____

If yes, please describe why. _____

12. List other sources of funding for use of request as described in the above:

13. How are agencies programs measured for effectiveness?

12. Please list three references.

Name	Phone

Address	City	State	Zip Code

Name	Phone

Address	City	State	Zip Code

Name	Phone

Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Albemarle Community Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Albemarle Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Albemarle Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE