

ALBEMARLE COMMUNITY TRUST

Post Office Box 69 • Hertford, NC 27944 • (252) 426-5735

ACTcontact@aemc.coop

APPLICATION FOR GRANT REQUEST FOR ORGANIZATION/AGENCY

1. Organization Name: _____

Address: _____

Street or PO Box

City or Town

State

Zip Code

Contact Person: _____

Name

Title

Contact Phone: _____

Work

Cellular

Home

Contact email: _____

2. Is this organization exempt from payment of income tax? Yes ___ No ___

If yes, a copy of letter (Form 501(c)3) from the Internal Revenue Service must be attached.

3. A copy of the previous year financial statement(s) should be provided. See <http://www.aemc.coop/content/operation-roundup> for the ACT Financial Form for Organization if financial statement(s) are not available.

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

5. Does this organization serve outside of Camden, Chowan, Pasquotank, Perquimans, or Currituck Counties? Yes ___ No ___ If yes, **please provide information on number served and location.**

6. State purpose of Organizations/Agencies request: (Include amount requested and specifics of how funds will be used.)

7. Has the organization received funding from ACT in the past? Yes ___ No ___ **If yes, please list the date(s) and amount of funding.**

8. Has the organization been denied funding by ACT in the past? Yes ___ No ___ **If yes, please describe why.**

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

10. How are agencies programs measured for effectiveness?

11. 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