

**ALBEMARLE COMMUNITY TRUST**  
**Post Office Box 69**  
**Hertford, NC 27944**  
**(252) 426-5735**

**APPLICATION FOR GRANT REQUEST  
FOR ORGANIZATION/AGENCY**

**1. Organization Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_

City or Town State Zip Code

Contact Phone: \_\_\_\_\_  
Work Cellular Home

Contact Person: \_\_\_\_\_  
Name Title

**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.

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

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

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

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

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10. How are agencies programs measured for effectiveness?

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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