

Halifax Helps Inc.

P. O. Box 545
208 W. Whitfield Street
Enfield, NC 27823
(252) 445-5111

Grant Application

Instructions for completing application.

- (1) Please type application, if possible.
- (2) **Individuals** complete Sections **A, C, D, and E.**
- (3) **Organizations** complete Sections **A, B, C, D, and E.**
- (4) If you are requesting funds to purchase a specific item, please include a cost estimate and/or quote in addition to a detailed description of the item.
- (5) Mail your completed application to: **Julia Allsbrook,
Halifax Helps Inc.
P. O. Box 545,
Enfield, NC 27823-0545.**

Application for Grant

A. PROFILE INFORMATION

Name of Organization/Individual _____

(Address)

(City)

(State)

(Zip Code)

Contact Person _____
(Name) (Title)

Telephone Number _____
(Work) (Home)

Fax Number _____ Email Address _____

The grant request is for: Individual Group Community

B. ORGANIZATION INFORMATION

Organization is For Profit Non-Profit 501(c)(3) _____
(Tax ID Number)

Purpose of the Organization

Number of individuals, families or groups served annually _____

Is organization a Halifax EMC member? Yes No

Geographic area served by the organization and approximate number of Halifax EMC members served

Does organization utilize volunteers? Yes No

Explain:

Does your organization have a governing body? Yes No

C. PROJECT DESCRIPTION

Please check the appropriate category:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Education | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Environment | <input type="checkbox"/> Other |

Project Title/ItemRequested _____

Describe the project and tell what specifically the money will be used for:

Geographic area or individual's address to be served by project:

Project Start Date _____ Project End Date _____

Who will benefit from the project or grant? Individuals should describe circumstances/financial need. Attach additional sheet if necessary.

D. GRANT REQUEST

Amount Needed for Total Project (Required) \$ _____

What is the minimum amount of funding needed to implement the project? \$ _____

Amount Requested from Halifax Helps (Required) \$ _____

Check One:

Estimated cost for item to be purchased \$ _____

Proposed budget for program to be implemented (Budget Attached) \$ _____

When funding is needed _____ Is this a one-time project? Yes No

Within what time frame will grant funds be spent? 3 months 6 months 9 months

1 year More than a year

If more than a year, explain _____

Will this project continue without additional funding? Yes No

If yes, explain _____

Will individual or organization accept partial funding for the project? Yes No

Will these funds, if awarded, be used to leverage other funds? Yes No

Has your organization or individual previously received a grant from Halifax Helps? Yes No

If yes, give date(s) and amount(s) of grants received.

If individual or organization has previously received a grant from Halifax Helps, please attach an activity sheet detailing how the grant money was used. Is sheet attached? Yes No

Other sources of funding for the project:

_____	\$ _____
_____	\$ _____
_____	\$ _____

E. CERTIFICATION

In submitting this application the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund any unexpended portion of such funds, if any. *The applicant will provide a final summary, in writing, at the end of the project to the Halifax Helps Board of Directors.*

Name of Organization/Individual

Authorized Signature

Date

Title

ADDITIONAL SIGNATURES

(Organizations only!) A minimum of three additional signatures from the governing body is required.

Name	Title
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Address	City	State	Zip
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Name	Title
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Address	City	State	Zip
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Name	Title
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Address	City	State	Zip
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