



Community Connections
Grant Application

Date of application: _____

Name of group/organization: _____

501c3 YES _____ NO _____ Other, please specify: _____

If yes, attach copy of IRS letter of tax exemption.

Contact name for application: _____

Address: _____

Contact number: _____

Website Address: _____

Executive Director/CEO/President Name: _____

Organization's mission: _____

Have we donated to your organization in the past? YES _____ NO _____

If so, explain.

Please give a brief description of your organization.

List management staff/board of directors (use separate sheet if necessary):

Project name:

Project description:

Timetable for project (start/end dates):

Amount requested:

Total cost of project:

Project's total budget (attach line item budget):

How funds will be used:

Target audience for project:

Will you be tracking the success of this project? YES

NO

If yes, how will you do this?

Will you follow up with us on the results? YES

NO

If ATMC grant funds are not approved, will you continue this project? YES

NO

If so, how?

Will 100% of the requested amount be used to benefit Brunswick County residents?

YES

NO

Will ATMC be recognized for providing this grant? If so, please explain how.

Does your organization use professional fundraising organization(s) to generate funds?

YES

NO

If so, please name organization(s) and indicate percentage of funding it receives.
