

Grant Writer Assistance Application

Legal Name of Organization: _____

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Annual Operation Budget: \$ _____

Executive Director: _____ Email: _____

Contact Person/Title (if different from Executive Director): _____

Address _____

Phone Number _____

Website _____

Tax Exempt EIN _____

Type of Grant Your Agency is Pursuing:

- ☐ State
- ☐ Federal
- ☐ Private Foundation
- ☐ Other _____

Name of Organization Releasing RFP / Grant Application

Due Date of Grant _____

Amount of Funding Requested _____ (Must be \$50,000 or more)

Please describe the purpose of the grant and provide a link to the grant application if possible.

How would this funding benefit Alamance County residents and families?

What need is it addressing in Alamance County?

Would this funding create a new program/project or expand existing resources?

Does this funding require matching funds or in-kind donations?

To enable us to determine eligibility for grant writer assistance, please email your application to ImpactAlamance@conehealth.com . We will review your application and get back with you as soon as possible. There is no deadline for this application, but requests will be handled on a first-come, first-served basis.