

#  2022-23 NMWC Grant Application

**With a strong sense of stewardship, our grant-making process is conducted with integrity, respect, and fairness to all applicants.**

To be considered for a grant this year, please return, 1) this summary sheet, 2) your response to the narrative questions, and 3) the required attachments by July 15, 2022, to charityrequest.nmwc@gmail.com. Electronic submission is required.

**NMWC GRANT SUMMARY**

**APPLICANT:**

**Organization’s Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization’s Executive Director or President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax ID Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 501(c) (3)** **Tax Status? \_\_\_Yes \_\_\_No**

**Website:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Founded:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission Statement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Geographic Area Served:** (Where Clients live with estimated percentages)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT:**

**Contact Name/Title:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRANT REQUEST:**

**Program Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Grant (***one sentence***):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Grants from NMWC (when/how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested**: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Program Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Planned Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Number of People Assisted:** \_\_\_\_per week/month/year for \_\_\_\_weeks/months/years.

**Check all that apply:**

**PRIMARY CLIENTS: SERVICES:**

Women\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Development \_\_\_\_\_\_\_\_\_\_\_\_\_

Children\_\_\_\_\_\_\_\_\_\_\_\_ Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Families\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Aid\_\_\_\_\_\_\_\_\_\_\_

 Health Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Housing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Services\_\_\_\_\_\_\_\_\_\_\_\_

**GRANT APPLICATION NARRATIVE (Your total response to the following topics should not exceed three pages using twelve-point font.)**

1. **ORGANIZATION OVERVIEW**

*Describe the purpose of your organization and the need(s) and populations that you serve. Help us understand WHY your organization is important to our community. Please include the number of people served, the number of full and part-time paid staff, volunteers and volunteer hours donated, collaborations and partnerships and other quantifiable information which will help us evaluate the effectiveness of your organization.*

1. **CORE SERVICES**

*Describe your core services and/or models of service delivery. Help us understand HOW you achieve your mission.*

1. **PURPOSE OF GRANT**

*Please describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new or ongoing part of your organization. Acknowledge similar existing projects or agencies, if any, and explain how your agency collaborates or differs.*

1. **MEASURES OF SUCCESS**

*How do you know if your organization is achieving its mission? How do you gauge when you should adjust your services? Please provide quantitative data/metrics and qualitative outcomes/stories. What are the benefits to the North Mecklenburg community?*

1. **SUSTAINABILITY**

*If this will be an ongoing program, please include long-term strategies for funding this project at the end of the grant period.*

1. **PROJECT/PROGRAM FINANCIAL INFORMATION AND METRICS**

*Outline all direct project/ program costs, other funding secured and its source(s), other organizations from which you are seeking funding and the amount(s). How many people will the project/program benefit?*

1. **ADVANCING YOUR MISSION**

*Are there volunteer/service opportunities within your organization for NMWC members? If so, please describe the service opportunities.*

1. **CERTIFICATION**

*On behalf of our organization, I certify that the information contained in this application, including all attachments is true and correct.*

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 **Signature, Executive Director, President or Authorizing Official**

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 **Printed Name/Position**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address City Zip Code**