



# North Carolina Department of Administration

Beverly Eaves Perdue, Governor  
Moses Carey, Jr., Secretary

John A. Campbell, Executive Director  
N.C. Human Relations Commission

## FY2010-11 Martin Luther King Jr. Commission Grant Application Form

**Applicants are encouraged to use the checklist to ensure that applications are complete.  
Applications must be postmarked no later than Nov. 30. Awards will be announced by Dec. 17.  
If you have questions, call the Human Relations Commission at 919-807-4420.**

*Grants are available to North Carolina non-profit organizations only.  
All information below is required for application to be processed.*

1. Name of Organization: \_\_\_\_\_
2. Contact Person and Title: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Physical Address (if different): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
County \_\_\_\_\_
6. When Organization was founded \_\_\_\_\_
7. Amount requested from the N.C. Martin Luther King, Jr. Commission: \$ \_\_\_\_\_
8. Total projected cost of the proposed project: \$ \_\_\_\_\_
9. Project Beginning Date: \_\_\_\_\_ Project Ending Date \_\_\_\_\_
10. Tax Status: (Please check one) **Tax or ID Number Required.** If affiliated with a Tax-Exempt Organization, please submit its Tax or ID number.  
\_\_\_\_ Tax-Exempt Charitable Organization [(501)(c)(3)] Federal ID #: \_\_\_\_\_  
\_\_\_\_ Governmental Tax-Exempt Body ID #: \_\_\_\_\_
11. Fiscal Year End: \_\_\_\_\_

**Mailing Address:**  
1318 Mail Service Center  
Raleigh, N.C. 27699-1318

**Telephone/TDD: (919) 807-4420**  
Toll-Free: 1-866-324-7474 (1-866 Fair Hsg)  
Fax (919) 807-4435

**Location:**  
116 W. Jones Street, 2<sup>nd</sup> floor  
Raleigh, NC 27603

12. Brief Synopsis of Project\*

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*\*Please note that you must also submit your Narrative Proposal.*

I hereby certify that the applicant organization does not discriminate on the basis of race, color, gender, age, religion, disability or national origin.

\_\_\_\_\_  
Signature of Non-Profit's Chief Executive Officer

\_\_\_\_\_  
Date Submitted

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**DO NOT WRITE IN THIS SECTION. FOR MLK COMMISSION STAFF ONLY.**

Date received \_\_\_\_\_

All required materials are included \_\_\_\_ YES \_\_\_\_ NO