

Fast Track Grant Submission Program

Organization Contact Information

Legal Name of Organization:

Other Names or Acronyms of Organization:

Mailing Address:

City: _____, NC Zip: _____

Website address:

Organization Phone: _____ Organization Fax: _____

Principal/Executive Director Name:

Principal/Director Phone: _____ Principal/Director Email: _____

Project Coordinator Name:

Project Coordinator Title:

Project Coordinator Phone _____ Project Coordinator Email: _____

Student Group/Club Name:

Project Information

Project Title:

Amount Requested: \$ _____ Total Project Budget: \$ _____

Organization Information

Brief Grantee Description-Limited to no more than 1,000 characters (does include spaces)

DUNS Number

Applicants Non-Profit Status (Check one.)

- 501(c)(3) Organization. EIN: ____ - ____ - ____ - ____
- Public Agency
- Faith Community
- Other (specify): _____

Organization's Total Annual Operating Budget is \$ _____ for the Fiscal Year Starting _____ and Ending _____.

By my signature, I affirm that our organization is in compliance with all applicable federal, North Carolina, and local regulations, including but not limited to discrimination against a person or group on the basis of age, race, national origin, ethnicity, gender, disability or religious belief.

Printed Name
Chair/President of Non-Profit Board
Or Authorized Official

Signature

Date