



2008 Grant Application

Print, fill out this application and attach additional requested information and follow all instructions as specified in the [Proposal Instructions](#). Send all information to: High Point Community Foundation, P.O. Box 1371, High Point, NC 27261.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Name of the Organization:	
Contact Person:	
Title:	
Address:	
Telephone:	
Fax:	
Email Address:	
Chief Officer of the Board: (Name, Title)	
Project Title:	
Amount requested: (\$)	
Area to be served:	
Briefly summarize your request for Funds:	

1. **ORGANIZATION:** What is the purpose of your organization and whom does it serve?

2. **NEED:** What is the problem or opportunity this project will address?
How was the need/opportunity determined?

3. **IDEA:** What is the idea behind your project?

4. **WHO:** Describe who will be served by this project.
How many will be served? What is the geographic area served?

5. **PROGRAM OBJECTIVES:** What will this program or project specifically accomplish? (Please list measurable objectives, i.e. those quantifiable elements that will determine whether this project is successful.)

6. **METHOD:** How do you plan to implement your idea? Describe the specific sequence of activities necessary to accomplish the program objectives (listed in #5). Include a timetable stating when the project will begin and end.

10 . **OTHER FUNDS:** Who has given or pledged funds for this project?

Where else are you seeking funds? (Attach additional explanatory information, if necessary.) The Grants Committee considers this question to be very critical to our process.

Complete fully and accurately.

Source	Amount Committed	Amount Sought	Notification Date

Total funds committed to date \$_____

Total requests outstanding \$_____

11. **FUTURE FUNDS:** If this is an ongoing project, how will it be financed in the future?

12. **EVALUATION:** How do you plan to monitor and measure whether you are successfully meeting the project's objectives?

(Please be specific. You may wish to refer to question #5.)

13. **IMPACT:** Describe how this project will affect your organization, clients, and the community.

14. **PRIOR GRANTS:** If your organization has previously received grant funding from the High Point Community Foundation, please list below.

Date of Grant	Grant Amount	Project Funded

15. **OTHER:** Is there anything else you would like us to know about this project?

Signature of Chief Officer of the Board:	
<i>(Name)</i>	<i>(Title)</i>

(Indicates board has been notified of the proposed project)

The High Point Community Foundation derives its grant funds from multiple sources. By signing this form, I hereby give permission for this proposal to be shared with Foundation donors and other appropriate parties.