

Wake Electric Care Foundation Inc.

Post Office Box 1229
Wake Forest, North Carolina 27588
919.863.6300
Fax: 919.863.4709

Organization Application for Grant Funding

Application Procedures

The Grant Request Proposal should be submitted in letter format along with the grant application and requested attachments. The letter should be brief and concise, not to exceed two pages, single spaced, and should be signed by a designated representative. The letter should include:

- ☐ An introductory description of the program and its impact on the community
- ☐ The amount of funding requested and the amount of the program budget
- ☐ The need and specific population (including age, gender, and cultural background) which the program addresses
- ☐ Specific objectives of the program and how their accomplishment will be measured
- ☐ Relationship of program to other services in the community which may be designed to meet the same or similar needs
- ☐ Other sources of funding being approached, indicating schedule to be followed and amounts already committed

If this is a new program, indicate how continued funding for the future will be secured.

Questions? Contact Matt Vernon, matt.vernon@wemc.com, 919.863.6315 or toll free 1.800.953.9961.

Wake Electric Care Foundation Inc.

Post Office Box 1229
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Fax: 919.863.6379

Organization Application for Grant Funding

Date of Application:	
Name of Organization:	
Mailing Address:	
City/State/Zip:	
Phone:	
Fax:	
Contact Person for Information Pertaining to this Request:	
Title:	
Phone:	
Summary description of project. (Please make concise—not to exceed space provided)	
Annual Cost of Program \$	Amount requested of Grant Fund \$

Other Funding Sources for this Project

Funding Source	Amount Requested	Amount Committed

Legal and Tax-exempt Status

- ☐ Tax-exempt charitable organization (501 (c) (3)) Federal ID Number _____
- ☐ Affiliated with tax-exempt organization - government unit
- ☐ Other - Please give specific explanation:

Financial Information

Fiscal Year:

Organization's total operating budget:

\$

Does the organization have annual outside audits?

☐ Yes

☐ No

If No, Please Explain:

Is a copy available upon request?

☐ Yes

☐ No

If No, Please Explain:

Signature of chief staff person and officer of the board indicates board approval of request and certifies that this organization does not discriminate on the basis of race, age, color, religion, sex or national origin. This signature also certifies the organization's commitment to file appropriate reports detailing the grant's use as indicated in this application, and its understanding that this is a one-time grant, with no commitment by Wake Electric Care for more than one year.

We have provided the following information (if applicable):

- ☐ Please be sure your letter contains all the information outlined in the basic instructions and appropriate signatures.
- ☐ Attach copy of IRS letter indicating tax-exempt status and/or Federal ID Number.
- ☐ Attach copy of organization's mission statement.
- ☐ Attach list of current board of directors.
- ☐ Attach copy of budget, program and organization.

Print Name:

Print Name:

Signature:

Signature:

Title:

Title:
