



## Community Outreach Grant Application

Date of Application: \_\_\_\_\_

Foundation Focus Area (check one):

Elder Care     Wellness Support     Youth Development     Other: \_\_\_\_\_

Applying for (check one):  Outreach (up to \$2,500)     COVID-19 (up to \$5,000)     Support (up to \$10,000)

WNC area served (list all applicable counties): \_\_\_\_\_

Are you a 501(c)3?:  Yes     No    Tax ID# \_\_\_\_\_    Other org. fiscal agent?:  Yes     No

Organization name: \_\_\_\_\_    Organization annual budget: \_\_\_\_\_

Address (*admin office*): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_    Website: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone number: \_\_\_\_\_    Email address: \_\_\_\_\_

List any previous WNC Bridge Foundation support in the last 2 years:

\_\_\_\_\_  
\_\_\_\_\_

Project name: \_\_\_\_\_

Dates of the project: \_\_\_\_\_    Amount requested: \$ \_\_\_\_\_

Projected attendance (Outreach): \_\_\_\_\_

Projected participants (COVID-19 or Support): \_\_\_\_\_

Purpose of grant (*please provide specific information*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected outcome of request (what will you do, how will you do it, will anyone be better off?):

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Marketing opportunities for WNC Bridge Foundation:

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Marketing materials needed from WNC Bridge Foundation (include specs and deadlines): \*

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**\*Samples of marketing materials should be emailed or mailed to the foundation.**

\_\_\_\_\_  
**Signature, Executive Director**

\_\_\_\_\_  
**Date**

- **Email completed application to Grants@WNCbridge.org**
- **Along with this application, feel free to attach any supporting documentation regarding your request.**
- **Applications are reviewed monthly if the application is received by the 15<sup>th</sup> of the month. Committee decision will be emailed to you by the end of the month. If grant is approved, a report is required for you to complete. This report will be requested by the foundation through an email.**
- **If request is for equipment, facility improvement, and/or professional development, please include estimate or invoice.**

**INTERNAL USE**

Approved  Not approved \_\_\_\_\_

Amount: \_\_\_\_\_

Payment date: \_\_\_\_\_

Date approved: \_\_\_\_\_

Comments: \_\_\_\_\_

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