**Instructions: This document is only intended to help draft your answers. NOW Grant applications must be** [**submitted using our online portal**](https://us.grantrequest.com/application.aspx?sid=6074&fid=35034)**.**

**Organization/Contact**

**Organization Name:**

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**Mailing Address:**

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**City:**

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|  |

**State:**

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**Zip Code:**

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| --- |
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**Tax ID:**

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**Organization Annual Budget:**

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|  |

**Web Address:**

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**Contact Person for this Request**

**Prefix:**

|  |
| --- |
|  |

**First Name:**

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|  |

**Last Name:**

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**Phone:**

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**Title:**

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**E-mail:**

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**Grant Request**

**Focus Area:**

**Select the Primary WNC Bridge Foundation Focus Area that aligns with the project.**

**Please refer to our webpage for more details:** [**https://www.wncbridge.org/resources/now-grants/**](https://www.wncbridge.org/resources/now-grants/)

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**List any previous support and dollar amount from WNC Bridge Foundation and other Foundations in the last 2 years:**

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| --- |
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**Project Name:**

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**Project Start Date:**

*Project must be completed in calendar year 2024*

|  |
| --- |
|  |

**Project End Date:**

*Project must be completed in calendar year 2024*

|  |
| --- |
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**Requested Amount:**

*Up to $7,500*

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**Total Project Cost:**

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| --- |
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**Projected Number of Individuals Served by Project:**

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| --- |
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**What is your organization’s mission?**

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**NOW Grant Purpose:**

*Please provide a description of the grant you are requesting*

*500 words or less*

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**Projected Outcomes:**

*At the conclusion of this grant, what does success look like?*

*Please include goals and measurable outcomes as measured by your organization*

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**Will this NOW Grant support individuals or families experiencing poverty?**

*If yes, please explain*

*500 words or less*

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**Will this NOW Grant support underserved areas or underserved people?**

*If yes, please explain*

*500 words or less*

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**Project Budget Breakdown:**

*Please indicate how WNC Bridge NOW Grant dollars will be used on your requested project Example:*

*$5,000 – Program Supplies including reading materials and art supplies*

*$2,500 – Staff Salary*

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**Geographic Area this NOW Grant will serve:**

*Select all areas served by this grant, and the percentage for each area.*

*Selections must add up to 100%.*

|  |  |  |  |
| --- | --- | --- | --- |
| **County** | **Percentage** | **County** | **Percentage** |
| Avery |  | Macon |  |
| Buncombe |  | Madison |  |
| Burke |  | McDowell |  |
| Cherokee |  | Mitchell |  |
| Clay |  | Polk |  |
| Graham |  | Rutherford |  |
| Haywood |  | Swain |  |
| Henderson |  | Transylvania |  |
| Jackson |  | Yancey |  |

**Authorization**

By typing my name in the box below, I certify I have the approval of and am authorized by Executive Director to apply for this funding request.

**Authorized Signer Name:**

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| --- |
|  |

**Authorized Signer Title:**

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| --- |
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**Signer Date:**

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**Deadline/Criteria**

Applications are reviewed monthly if the application is received by the 15th of the month. The committee's decision will be emailed to you by the end of the current month/beginning of next month. If grant is approved, a report is required for you to complete. This report will be requested by WNC Bridge Foundation through an email.

If request is for equipment needs, please include estimate or invoice.

If you have any questions, please contact us at [grants@wncbridge.org](mailto:grants@wncbridge.org)