

# WCMA Grant Application 2017 for Organizations



## Organization Information

Organization Name	
Contact Name	
Address	
Contact Email	
Contact Phone	
Organization Website	
Date of Request	
501c(3) Status	
Grant Amount Requested (Max Amount \$10,000)	
Program Budget	
Organization Annual Budget	

## Grant Request Program Information

Summarize the program the grant funds requested will be used for.

Summarize how the grant will impact the community and be specific as to the number of individuals impacted.

### Additional Information

Please attach or email the following information:

- Most recent Form 990 for your organization
- List of Board of Directors for your organization

### Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Date	

### Grant Submission Information

Please submit this form and Additional Information no later than Monday, October 23, 2017 to:

Karen Spacek, Grant Committee Chair  
1590 Country View Way Arden NC 28704  
[karenspacek@aol.com](mailto:karenspacek@aol.com)

Thank you for completing this Grant Request form and for the work you do to serve individuals in Western North Carolina.