



GRANT APPLICATION

Please complete this application in full and return it along with any requested supporting documentation. You may submit it electronically to info@cashiersarealegacyfund.org or by mail to C.A.L.F., PO Box 228, Cashiers, NC 28717.

Request Date: _____ **Requested Amount:** _____

Program or Project Title:

ORGANIZATIONAL INFORMATION

Organization or Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Email: _____

Website: _____

Exec. Director or Business Owner: _____

Telephone: _____ **Fax:** _____

Primary Contact Person: _____

Telephone: _____ **Fax:** _____

Year Org or Business Founded: _____ **Tax ID/FEIN #:** _____

Is your organization Tax Exempt under Section 501(c)3? _____ Yes _____ No

If Yes, please submit copies of the following along with your application:

- tax exemption letter
- supporting financial statements
- latest US Tax Return Form 990



Primary Industry and/or Area of Focus: _____

Short Description of Your Business or Organization, including general information about products and/or services you sell and/or provide:

Geographic Service Areas:

Cashiers

Cullowhee

Franklin

Glenville

Highlands

Lake Toxaway

Sapphire

Sylva

Other (please specify): _____

How many people does your business or organization employ?

Full-Time: _____

Part-Time: _____

Seasonal: _____

Contract: _____

PROJECT INFORMATION:

Please briefly summarize the purpose of your request: (5 sentences or fewer)

Estimated Overall Budget of the Project: _____

Time frame in which funds will be used: _____ (start) _____ (end)

Are you seeking funding from other sources? ____ Yes ____ No

If yes, please list the sources and requested amounts below.

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Please explain how requested C.A.L.F. funds would be used.

**What community and/or agency needs or problems with this effort address?
Please include specific populations served, if any.**

Describe how the project will address the needs/problems listed above.

What are the short-term goals and/or objectives as they pertain to this request?

What is your time-frame for accomplishing them?

What are the long-term goals and/or objectives as they pertain to this request?

What is your time-frame for accomplishing them?

What staffing will be required to fulfill your goals and/or objectives as they pertain to this request?

Will you be working with other businesses or organizations? _____ Yes _____ No
If yes, please list them below:

EVALUATION: How will you measure the success or effectiveness of activities?
