

GUIDELINES FOR APPLYING FOR A COMMUNITY GRANT OF \$200 OR LESS
From the Mount Holly Community Development Foundation

The Mount Holly Community Development Foundation will consider requests for small grants from local organizations who submit a project that fosters the mission of the Foundation.

Only one application may be submitted per organization per calendar year. Grants are approved and distributed on a first come, first serve basis.

Grants, in any increments up to \$200, will be considered. Applications will be accepted in written form at any time. Applicants should allow a minimum of 2 weeks for review and decisions on an application.

Please Note: The amount awarded may be less than requested, depending on availability of funds.

MISSION STATEMENT OF THE FOUNDATION

The mission of the Foundation is to advance the health, general welfare and prosperity of the Mount Holly Area. To achieve this, the Foundation's resources will be directed toward quality growth and development of the area, and promotion of healthy lifestyles, so that citizens from all segments of the community will prosper economically, have a strong sense of community identity and maintain good health. The Foundation will also work to develop a unified public spirit and will act so as to reflect the highest aspirations, ethical behavior and civility among the citizens of the community on issues affecting the area.

APPLICATION FOR A COMMUNITY GRANT

Name of the Organization

Contact Person /Title

Address

Date Submitted_____

Email Address_____ Telephone _____

Amount Requested_____ Date Needed_____

Purpose of the Grant

Provide a brief description of the request here

Signature and Title of Authorized Person

Please refer to Procedures and Narrative when completing this application.

For further information email: info@mounthollyfoundation.org

By accepting a grant the organization agrees to allow information about the grant to be used in the Foundation newsletters or other public venues.

FOR FOUNDATION GRANT COMMITTEE USE ONLY

Recommended Action: Approved_____ Denied_____ Tabled_____ Date _____

Amount of Funds Approved_____

Effective Funding Date(s)_____

Treasurer Verification of Funds_____

Committee Assigned Oversight_____

REASON DENIED_____

NARRATIVE FOR A COMMUNITY GRANT

1. Describe your proposed program or project and its intended impact on our community. Show how this project will advance the mission and goals of the Mount Holly Community Development Foundation. Give specifics.
2. What are the objectives and purposes of the program? Explain how the grant will meet these needs.
3. Explain where the project will be located.
4. Provide the timetable for this project.

BACKGROUND ON THE ORGANIZATION

1. Give a few lines of information about the organization and the realistic potential for measurable, positive results from the grant. For new organizations, demonstrated quality leadership and careful planning and budgeting are important.

PLEASE SUBMIT 1 COPY OF THE APPLICATION TO

Mount Holly Community Development Foundation
106B South Main Street
Mount Holly, NC 28120
704-827-5262

OR EMAIL A COPY TO: info@mounthollyfoundation.org

Disclaimer: The Mount Holly Community Development Foundation retains the right to accept or deny any application based on perceived merit as judged by the Grant Committee.