

Application Form

Grant Application Deadline: _____

The Harold H. Bate Foundation, Inc.

P.O. Box 14298
New Bern, North Carolina 28561
Telephone: (252) 638-1998

See "Guidelines for Giving" including the "Checklist of Items to Submit"

About the applicant:

All information on this page pertains to the organization which is applying for the grant and which will act as the responsible fiscal agent for any funds received.

Organization applying for grant:

Name:

(exactly as it appears on your federal tax exemption letter)

Address:

City, State, Zip:

County:

Telephone of Organization:

Fax:

Contact Person – Name & Title:

Telephone:

Fax:

Email:

Fiscal Information:

Beginning and Ending dates of your fiscal year: _____ to: _____

Total current assets (market value) of organization: \$

Total current endowment (market value): \$

Total current fund balance: \$

Total expenditures for last three years:

Previous Years: 1st Year: \$

2nd Year: \$

3rd Year: \$

Has this organization received an outside audit opinion within the last year? Yes No

Future Funding:

If the program is to continue beyond the grant period, what are the plans for funding of the program upon expenditure of this grant?

Program and Objectives:

Describe the project/program being proposed (Clearly identify and quantify the individuals who will benefit).

Describe the problem/need that the program/project will address.

Describe the objectives of the project/program and indicate what changes and benefits will result.

Describe the strategies you will develop to accomplish the objectives. Describe how you will accomplish each objective. If a capital project, include a timeline of funding and construction.

State how, when, and by whom an evaluation will be conducted to measure whether the project/program is meeting its objectives.

Please review the Checklist of Items to Submit on the last page of "Guidelines for Giving" Information Form.

The Grant recipient agrees to provide follow-up reports at least annually or at the conclusion of the grant project and to make their facilities open for the site visits by Foundation staff and board members. Accept: Decline:

Signatures:

_____	_____	_____
Chief Administrative Officer	Title	Date (mm/dd/yyyy)
_____	_____	_____
Governing Board Representative	Title	Date (mm/dd/yyyy)