

Brunswick Sheriff's Charitable Foundation, Inc.

Grant Application

Date of application: _____

Name of group/organization: _____

501(c)(3)? Yes ____ No ____ If yes, attach copy of IRS letter of tax exemption.

Taxpayer ID or EIN: _____ If Incorporated Provide Date and State: _____

All Applicants: Please attach a copy of your W-9 Tax ID form for our records.

Contact name for application: _____

Address: _____

Contact telephone number(s): _____

Website: _____

Email Addresses: _____

Executive Director/CEO/President Name: _____

Organization's mission: (use separate sheet if needed) _____

Please give a brief description of your organization. (use separate sheet if needed)

List management staff/board of directors: (use separate sheet if needed)

Will the grant funds be used for a special project? Please explain. (use separate sheet if needed) _____

Will 100% of the request be used to benefit Brunswick County residents? Yes ____ No ____

Guidelines/Criteria

Donation must be for programs which directly benefit residents in Brunswick County.

Applications are to be submitted electronically by November 15, 2019 via our website at: www.sheriffscharity.com. For inquiries call Brunswick Sheriff's Charitable Foundation: 910-253-0922