



# Town of Woodfin

## Application for Community Partnership Grant

Name of Organization: \_\_\_\_\_

Program Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is your organization:

501(c)3    Local Government Partner    Local School/Board

Other: \_\_\_\_\_

How long has your organization been in operation: \_\_\_\_\_

- What is your organization's mission?
  
  
  
  
  
- Please provide a brief (2-3 sentences) program description.
  
  
  
  
  
- Please tell us more about your funding request.
  - a. Monetary - how much is being requested? What percent of the funds received will go directly to benefit the individuals served vs. program overhead? Please describe how the money will be leveraged, if applicable.
  - b. In-kind – what is needed, date(s), and for how long?

- Please describe who is directly served by this program and what are the target age groups. Please include whether you primarily (or exclusively) serve a low-moderate income population and whether you verify income to participate in the program.
- Do you (or can you) serve only the residents of Woodfin? Do you verify residency?
- Is participation in your program open to the public (do you require “membership”)?
- What town adopted goals does your organization or program support?
- How does this program support goals for diversity, equity, and inclusion?
- What is the anticipated impact of the program (# people served, how long will the impact last, etc.)
- What kind of records or data do you collect on program participation and impact?
- Is there anything else you would like to share about your organization or program?