

Organizational Governance

What percentage of your board contributes financially on an annual basis?	%
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Organizational Staffing

	Number		Number
Paid full-time employees:		Contracted employees:	
Paid part-time employees:		Volunteers:	

Grant Request Abstract

In the space below, please briefly describe the proposed request, including the problem or need that will be addressed, the specific outcomes you intend to achieve and how the outcomes will be measured. (up to 300 words).

Grant Request Budget

- Please summarize your estimated budget. **If requesting funds for a specific project, include the budget for the anticipated grant activities only. If requesting funds for general operating support, include the annual organizational budget.**
- The grant budget must balance and the total cost (Line 25) must agree with the total cost on page 1, Line A.

INCOME	Anticipated Cash Income	Anticipated In-Kind Goods and Services
1. Service Fees and Admissions:	\$	
2. Corporate Contributions/Sponsorship:	\$	
3. Individual Contributions:	\$	
4. Foundation Support:	\$	
5. Fundraisers and Special Events:	\$	
6. Government Support: State/Federal/Local:	\$	
7. Internal Re-allocation:	\$	
8. Other (Please specify):	\$	
9. TOTAL CASH INCOME (Add lines 1-8)	\$	
10. TOTAL IN-KIND GOODS/SERVICES (Line 24 below)		\$
11. TOTAL INCOME WITHOUT GRANT (Add lines 9+10)	\$	
12. Craven County ABC Board GRANT REQUEST	\$	
13. TOTAL INCOME WITH GRANT (Add 11+12) (Line 25 should = Line 13)	\$	

EXPENSES	Anticipated Cash Expense	Anticipated In-Kind Goods and Services	Specific use of CCABC funds
14. Employee Compensation, Benefits and Taxes:	\$	\$	\$
15. Professional Fees & Contracted Labor:	\$	\$	\$
16. Professional Development:	\$	\$	\$
17. Printing and Publications:	\$	\$	\$
18. Supplies:	\$	\$	\$
19. Marketing/Advertising (project-related only -- not agency):	\$	\$	\$
20. Space Rental and Occupancy:	\$	\$	\$
21. Travel/Transportation:	\$	\$	\$
22. Other (Please specify):	\$	\$	\$
23. TOTAL CASH EXPENSES (Add lines 14-22)	\$		
24. TOTAL IN-KIND GOODS/SERVICES (Add lines 14-22)		\$	
25. TOTAL EXPENSES (Add Lines 23 + 24)	\$		

Required Supplementary Materials

- ___ Board of Directors list. Please include corporate or other affiliation; note officers.
- ___ Year-to-date organizational financial information for current fiscal year
- ___ Most recent annual report or publication describing your organization (if available)
- ___ Copy of your IRS designation letter with 501(c)(3) status

Please submit:

One printed copy of the entire packet, using binder clips (not staples) to:

Board Chair - Grant Application
Craven County ABC Board
500 D Street
Bridgeton, NC 28519

Thank you for submitting a Grant Application to the Craven County ABC Board.