

# ALBEMARLE COMMUNITY TRUST

Post Office Box 69 • Hertford, NC 27944 • (252) 426-5735

[ACTcontact@aemc.coop](mailto:ACTcontact@aemc.coop)

## APPLICATION FOR GRANT REQUEST FOR ORGANIZATION

1. Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street or PO Box

\_\_\_\_\_

City or Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Contact Person: \_\_\_\_\_

Name

Title

Contact Phone: \_\_\_\_\_

Work

Cellular

Home

Contact email: \_\_\_\_\_

2. Is this organization exempt from payment of income tax? Yes \_\_\_ No \_\_\_

a. Is this organization a 501 (c)3? Yes \_\_\_ No \_\_\_

If yes, a copy of letter (Form 501(c)3) from the Internal Revenue Service must be attached.

3. A copy of the ACT Organization Balance Sheet should be provided. See

<https://aemc.coop/albemarle-community-trust>

4. Please include a list (first and last name) of the organizations current board members.

5. Number of individuals, families, or groups served in Camden, Chowan, Pasquotank, Perquimans, or Currituck Counties in last year: \_\_\_\_\_

6. Does this organization serve outside of Camden, Chowan, Pasquotank, Perquimans, or Currituck Counties? Yes \_\_\_ No \_\_\_ If yes, please provide information on number served and location.

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\_\_\_\_\_

7. What is your organization's mission statement and purpose?

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8. State purpose of organization's request. Include amount requested and specifics of how funds will be used. Additional documents may include an itemized quote, print out of price per unit, etc.

Amount requested: \$ \_\_\_\_\_

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9. List other sources of funding including amounts for the above request, pending, and approved:

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10. How are organization's programs measured for effectiveness?

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11. Has the organization received funding from ACT in the past? Yes \_\_\_ No \_\_\_ **If yes, please list the date(s) and amount of funding.**

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12. Has the organization been denied funding by ACT in the past? Yes \_\_\_ No \_\_\_ **If yes, please list date(s).**

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