

Cover Page

Twin County Community Foundation
PO Box 1131/ 1117 East Stuart Drive, Suite 145
Galax, Virginia 24333
(276) 601-8011

Organization: _____ TAX I.D. # _____

Street Address: _____

Mailing Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Alternate Contact Person: _____ Phone: _____ Fax: _____

Title: _____ Email: _____ Web Site: _____

Project Summary:

The Project was approved by your governing organization on _____.

If you are submitting more than one grant in this grant application deadline, please prioritize. _____

United Way/Other Financial Support for Your Agency: _____ Yes _____ No If so, how much? _____

Project Starting Date: _____ Project Completion Date: _____

Total Project Budget (detail attached): \$ _____

Total Agency Budget: \$ _____

Amount Requested from Foundation: \$ _____

Name of Fiscal Agent Organization: _____
(if applicable)*

APPROVAL OF CHIEF EXECUTIVE OFFICER/BOARD CHAIR

The organization named above will act as a responsible agent for any funds that might be received and will comply with applicable tax laws, regulations, and Twin County Community Foundation polices. We understand that the Twin County Community Foundation requires periodic program and financial expenditure reports from grant recipients and may request the opportunity to visit our programs for purposes of project evaluation before awarding a grant or after a grant has been made.

_____/_____/_____
(Signature of chief executive officer/applicant organization) title date

(Print chief executive officer/applicant organization) title

_____/_____/_____
(Signature of Board Chair) title date

(Print Board Chair) title