



**For reference only. All applications must be submitted through the online portal:
<https://www.nhcendowment.org/grants/>**

The New Hanover Community Endowment is welcoming applications for its inaugural grant cycle. Grants will support the immediate needs of nonprofits and public entities to strengthen their organizations and allow them to better serve the community.

Application Period

Grants will be accepted from September 1, 2022 through September 30, 2022. Grant applications must be submitted through the online form.

Basic Criteria

- Alignment with one or more of the Endowment's strategic pillars: Community Safety, Health and Social Equity, Education, and Community Development
- 501(c)(3) nonprofit, government entities, and those with fiscal sponsors
- Two or more years in operation as an organization
- Audited Financial Statements for the most recent fiscal year or two years of budgets
- Mailing address and provide services in New Hanover County, though organization may serve additional counties
- IRS Form 990 for the most recent fiscal year

Grant Amounts and Terms

- Grant amounts may not exceed either 25% of an organization's annual operating budget or \$250,000, whichever is less
- All grants are one year and non-renewable

Please provide the following organizational information.

Organization name	_____	Primary contact name	_____
Street address	_____	Primary contact email	_____
City	_____	Primary contact phone	_____
Postal code	_____		

Are you a registered 501(c)(3) nonprofit organization?

- No
- Yes

Have you been in operation for at least two years?

- No
- Yes



Do you have an address and provide services in New Hanover County?

- No
 - Yes
-

Please verify that the following statement is true:

My organization does not exclude participants, volunteers, or job applicants on the basis of race/ethnicity, creed, color, religion, sexual orientation, age, disability or handicap, sex, national origin, ancestry, citizenship status, genetic information, marital status or veteran status. Organizations that exclude participants, volunteers, or job applicants on any of these bases are not eligible for funding.

- False
 - True
-

Please verify that you understand and agree to the following statement:

This grant is a one-year grant and will not be renewable.

- No
 - Yes
-

What is the mission of your organization?

What individuals and/or communities does your organization serve?

With which of the Endowment's four strategic pillars does your organization align? If multiple, please indicate.

- Community Safety
- Health and Social Equity
- Education
- Community Development



Please describe the problem or need that your organization seeks to address with this grant. *(250-word limit)*

Please describe how your organization will use this grant to address the problem or need identified above. *(250-word limit)*

Please describe with specifics what your organization seeks to achieve with this grant. *(250-word limit)*

What amount of funding are you requesting? Grants may not exceed \$250,000 or 25% of the organization's operating budget. *(Please round to the nearest whole number and enter requested amount without commas.)*



How will the funds be used? Please provide an itemized list of anticipated expenses and the budgeted amount. *(Please round to the nearest whole number and enter budgeted amounts without commas. You may enter 0 or leave row blank if you do not project spending in an expense category.)*

	Budgeted Amount
Compensation: <i>Salary, wages, fringe, payroll taxes, etc.</i>	
Office Expenses: <i>Supplies, telephones, printing, shipping, etc.</i>	
Occupancy: <i>Mortgage/rent, property insurance, utilities, etc.</i>	
Advertising and Marketing: <i>Print and electronic media, signage, etc.</i>	
Travel: <i>Mileage, lodging, etc.</i>	
Meetings and Events: <i>Facility rental, catering, etc.</i>	
Fees for services: <i>Legal, accounting, or contractor</i>	
Capital Expenditures: <i>Property, vehicles, equipment, computers, etc.</i>	
Other (specify):	
Other (specify):	

What is the timeline for your proposal? Please specify milestones and provide projected dates for your project. *(You may list up to 10 milestones.)*

	Projected Date
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	
Milestone (specify):	

Please list all groups/organizations you will collaborate with in this proposal, including other funders for this project.

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Please list the organizations that provide you with the most funding *(list up to 5)*. Please do not list individual donors.

Funder 1 _____	Funder 4 _____
Funder 2 _____	Funder 5 _____
Funder 3 _____	



Please enter your organization’s Employer Identification Number.

Please upload your organization’s Form 990 for the most recent fiscal year.

Please upload your organization’s audited financial statements from the most recent fiscal year. If your organization does not have audited financials, then upload operating budgets for the two most recent fiscal years.

Please upload a list of your board members.

Are you submitting an application in partnership with a fiscal sponsor?

- No (if no, proceed to End of Application)
- Yes (if yes, proceed to the next question)

Please provide the following organizational information for your fiscal sponsor.

Organization name	_____	Primary contact name	_____
Street address	_____	Primary contact email	_____
City	_____	Primary contact phone	_____
Postal code	_____		

Please upload your fiscal sponsor agreement.

End of Application

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