



DEWEY WELLS CITIZENSHIP FUND

GRANT APPLICATION

ORGANIZATION INFORMATION

Organization Name:	
Troop Name(s)/Number(s):	
Mailing Address:	
Primary Contact:	Contact Phone (include area code):
Contact Title:	Contact E-mail:

PROJECT INFORMATION

Project Title:	
Total Cost of Project (\$):	Amount Requested (\$):
On the following pages, please give details of the proposed project demonstrating how funds will <i>directly</i> benefit Avery County youth. Also include an itemized budget for the proposed project. Please only include the budget for the project you are requesting; not a full organization budget.	

AVERY
COMMUNITY FOUNDATION



an affiliate of
NORTH CAROLINA COMMUNITY FOUNDATION

DEWEY WELLS CITIZENSHIP FUND

PROJECT DETAILS

A large, empty rectangular box with a thin black border, intended for project details.



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PROJECT BUDGET

Organization Name:
Project Title:

PROJECT INCOME

PROJECT INCOME		
TOTAL AMOUNT REQUESTED:	\$	
OTHER FUNDING SOURCES (LIST):	AMOUNT	PENDING OR RECEIVED?
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
TOTAL INCOME	\$	

PROJECT EXPENSES

PROJECT EXPENSES			
EXPENSES (LIST):	PROJECT TOTAL	AMOUNT REQUESTED	FROM OTHER FUNDING
•	\$	\$	\$
•	\$	\$	\$
•	\$	\$	\$
•	\$	\$	\$
•	\$	\$	\$
TOTAL PROJECT EXPENSES	\$	\$	\$
TOTAL ANNUAL OPERATING BUDGET: \$	\$		