

The Golden LEAF Foundation was founded in 1999 by the State of North Carolina to receive and distribute a portion of the funds coming to our state from the settlement of litigation against manufacturers of tobacco products.

GOLDEN LEAF, INC

(LONG-TERM ECONOMIC ADVANCEMENT FOUNDATION)

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ECONOMIC CATALYST GRANT APPLICATION

Project Title _____

Amount Requested _____

Date Submitted _____

Please complete all items in this application. The application may be completed by hand in ink, by typewriter, or produced by word processor using this application form. **Refer to the Economic Catalyst Grant Guidelines checklist when preparing your request for funding. The application is not complete without all the items listed in the Guidelines.**

SECTION I. THE APPLICANT ORGANIZATION

A. Name and address of the organization applying for grant

Organization _____

Mailing Address _____

City _____ County _____

State NC Zip Code _____ - _____

Phone () - Fax () -

Email @ Website www.

B. Officer, employee or contact person responsible for your grant request

Title Mr. Name _____
First Middle/Initial Last

Phone () - Email @

C. Applicant's tax-exempt status *(Please check one)*

- (501) (c) (3) organization Governmental unit

Federal Tax ID Number _____

- **Please include a copy of your organization's IRS tax-exempt status determination letter or state designation as a governmental agency.**

D. Fiscal Information

Date of incorporation _____

Total annual operating budget _____

Total current endowment or reserve _____

SECTION II. THE PROJECT AND GRANT**A. Project Objectives** *(In this space, describe your project's purpose and objectives.)***B. Geographic area in North Carolina this project will serve**

(Where will project work be conducted? Please select one and list areas directly impacted by the project.)

- Statewide _____
- County or counties _____
- Community or communities _____

C. Expected economic impact and outcomes *(Check all that apply and provide estimated numbers for each.*

Include in project objectives above and give detailed explanation in proposal summary.)

- | | | |
|---|--|--|
| <input type="checkbox"/> New jobs created _____ | <input type="checkbox"/> Jobs retained _____ | <input type="checkbox"/> Worker skills upgraded _____ |
| <input type="checkbox"/> New investment _____ | <input type="checkbox"/> Tax base increase _____ | <input type="checkbox"/> Other <i>(Explain in summary)</i> _____ |

D. Project Timeframe

Begin _____ End _____

E. Grant Timeframe

Begin _____ End _____

F. Project Director

Title Mr. Name _____
First Middle/Initial Last

Mailing Address _____

City _____ County _____

State NC Zip Code -

Phone () - Fax () -

Email @

G. Budget Information

Amount of grant requested from Golden LEAF _____ Total Project Budget _____

Other sources of funds for the project:

Source	Amount Requested	Amount Committed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Sustainability

Describe plans to sustain funding for your project beyond the grant.

SECTION III. PROPOSAL SUMMARY

On this page, please write a brief description of your project's purpose, objectives and methods. Describe your plan of action and how the Golden LEAF grant will be used to implement it. If you are requesting funds for a site certification proposal, please list, if any, the locations of certified industrial sites in your county, along with their occupancy status.

SECTION IV. CERTIFICATION

Application is not complete without signatures from two authorized officials of the applicant organization. The completed application package, including all the information outlined in the Economic Catalyst Grant Guidelines, must be postmarked or received in the Golden LEAF Foundation offices by the deadline date in order to be considered for funding.

AGREEMENT

The funds granted by Golden LEAF will be used exclusively for charitable, scientific, educational or other tax-exempt public purposes. Requests for funding and all supporting information submitted to the Golden LEAF are subject to the Public Records Act, and therefore, available for public inspection.

CERTIFICATION

The information provided in this material is correct and complete. By signing below, we affirm that we are authorized representatives and have the authority to act on behalf of the organization applying for this Golden LEAF grant.

Signature _____ Date _____

Name _____
First Middle/Initial Last

Title _____

Signature _____ Date _____

Name _____
First Middle/Initial Last

Title _____

FOR _____
Applicant Organization