



**North Carolina Association of Black High School Alumni  
Grant Application  
PO Box 294, Battleboro, NC 27809**

Name of Person or Organization Making Request: \_\_\_\_\_

President/Chair/Event Leader \_\_\_\_\_

\_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ N/A \_\_\_\_\_

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

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

If Organization Applying, Give Year Established or Organized \_\_\_\_\_

NC County Where Funds Will be Used \_\_\_\_\_

Other Sources of funds: \_\_\_\_\_ Amount  
\$ \_\_\_\_\_ N/A \_\_\_\_\_

---

Name of Project / Purpose of Funds Requested \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Projected Cost \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Date Funds Are Needed: \_\_\_\_\_ Program or Project End Date: \_\_\_\_\_

---

**Justification:** Please write a 1 or 2 page statement on the goal you wish to achieve from this project. Please include the following: 1. Projected outcomes, (benefits to individuals or the community.) 2. Activities used to achieve your goal(s). 3. List resources needed to carry out project or activity. 4. Rational /reason for your project. 5. Are there any other organization groups sponsoring this type program or project?

**Mail to: Joan Jackson-Barnes, NCABHSA, Civic and Community Involvement  
Chairman, P.O.Box 294, Battleboro, NC 27809 or email to:  
[j.jackson@myglnc.com](mailto:j.jackson@myglnc.com)**

---

**Reporting:** Completion of Project/Event: Upon the project/event completion, please submit copies of any pictures, programs, etc. to the NCABHSA to be placed in our archives, newsletter or placed on our web page. By accepting our grant you give permission to the NCABHSA to use pictures on the aforementioned publications. As a 5013C, all documents received are considered public records and can be examined or viewed by any citizen...

For NCABHSA: Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

APPROVAL

SIGNATURE \_\_\_\_\_