



**NORTHERN PIEDMONT COMMUNITY FOUNDATION**

*Building the Foundation of Community in Our Region*

*P.O. Box 182  
Warrenton, Virginia 20188  
Phone: 540-349-0631  
Fax: 540-349-0633  
Email: [NPCF@verizon.net](mailto:NPCF@verizon.net)*

**Application Cover Sheet**

Please print clearly or type and attach all application materials with this document.

**Organization Information**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Website: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Primary Contact for Proposal: \_\_\_\_\_

Title: \_\_\_\_\_

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

Provide a brief history of the organization, including purpose, demographics served, and number and qualifications of staff, board members and volunteers:

For Office Use Only

Date Received	Board Meeting Date	Decision Date
---------------	--------------------	---------------

**Project Information**

Project Title: \_\_\_\_\_

Brief Project Description--including what need will it address and how will its implementation be evaluated? (Please attach description if additional space is needed):

**Project Funding and Sources**

Total Cost of Project: \_\_\_\_\_ Amount Requested of NPCF: \_\_\_\_\_

Timetable for Project: (month/year)\_\_\_\_\_ - \_\_\_\_\_ (month/year)

Will there be future financial needs to ensure the continuation of the project? If so, how will this be addressed?

All funding sources for this project:

Funding Source	Total Requested	Date of Expected Decision/Amount Awarded
Northern Piedmont Community Foundation		(Submitted herewith)
Total Funding Requested		

**Financial Information**

Does your organization have an annual outside audit? Yes No If no, please explain:

Attach, 1) Most recent financial statement\*; 2) Current Operating Budget (Fiscal Year \_\_\_\_\_ to \_\_\_\_\_); 3) Tax Exempt Determination Letter from IRS; 4) Most Current Tax Return Form 990

\*Please include Audited or Reviewed financial statements if the organization conducts an annual audit or review

**Signature**

Signature of chief staff person is required.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Print Name