

FUNDING REQUEST FORM

(This page to be completed by
REALTOR® Association)



Funds Requested By:

REALTOR® Association Name

Date of Request

Important: REALTOR® Associations must attach a copy of the Association minutes which verify its funding of the below named organization and which authorize this request for matching funds.

Grant Recipient:

Name of Organization Receiving Funds

Address of Organization Receiving Funds

Name of Executive Officer

E-mail Address

Telephone

Fax Number

Check the appropriate description of the organization:

501(c)(3)

Housing Authority

CHDO

Local Govt.

Other _____

Amount Requested: \$ _____

Purpose of Funding: _____

(How the funds
will be used)

Brief Program Description: _____

Applications must be postmarked by March 31, June 30, September 30 or December 31

A. PROGRAM DESCRIPTION: *Please attach additional material as necessary.*

1. Describe the purpose of the program include goals and scope of the program (be as complete and concise as possible).

2. Describe the history/evolution of the program.

3. What are the benefits and who are the beneficiaries of the program? Include number served, target population and how they will benefit.

4. How will is program affect housing affordability in your community? What is the problem that is being addressed?

5. Who has overall responsibility for the program and, if different, who has day-to-day responsibility? How are these persons selected, and what are their qualifications?

6. Give a brief description of current programs, activities, and accomplishments. What are appropriate measures of success of the program? For existing programs, please provide evidence of achievements.

7. Do other programs in your community provide the same or similar service? How does this program differ? List other organizations that are involved with this program.

B. PROGRAM BUDGET

1. What is the budget for this program? _____ What is the total budget for the entire organization (if different)? _____

2. What percentage of the program budget will be comprised of funds from Homes4NC and the local REALTORS?

3. Has this organization received Homes4NC funds in the past? List years, amounts and purpose.

4. How will Homes4NC funds be used in the following categories?

Category	Amount	Percentage
Admin/Overhead		
Direct Services		
Fundraising		
Total		

C. FUNDING STRATEGY:

1. Please indicate specific sources/groups are targeted for additional funds and at what amounts?

Sources/Groups	Amounts

2. What fundraising techniques will be employed?

3. What is your timeframe for fundraising and what is the timeframe for the program?

4. Has your organization successfully raised funds in the past for similar programs? Please give examples:

D. EVALUATION:

1. What are the expected results during the funding period?

2. How will you define and measure success?

3. How will the project's results be used and/or disseminated?

I agree to send a follow up report to Homes4NC within 90 days after the grant has been received.

Signature of Agency Director or CPO

Date

Signature of Agency Officer of the Board

Date

Attachments Required from Grant Recipient:

1. Two Signatures Above or Board Resolution Authorizing the Grant Application
2. List of Board of Directors (include occupation and contact information)
3. List of Key Staff (names and qualifications)
4. Most Recent Financial Statements (audited if available)
5. Current Budget (Board approved)
6. Annual Report (if available)

Send to: Homes4NC
Attn: Diane Greene
4511 Weybridge Lane
Greensboro, NC 27407

Fax: 336-299-7872
Email: dgreene@ncrealtors.org
Questions: 800-443-9956

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