

**ROBERTS-MILLER CHILDREN'S FUND**  
**GRANT APPLICATION FORM**

*For the Aid, Comfort and Assistance of N.C. Children under 18 with Medical Needs*

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

TOTAL AMOUNT OF PROJECT \$ \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_

BRIEFLY SUMMARIZE REQUEST FOR FUNDS:

**IMPORTANT:**

**PLEASE INCLUDE WITH THIS APPLICATION:**

- 1. ORGANIZATION'S 501(c)(3) LETTER, CURRENT OPERATING BUDGET, MOST RECENT AUDITED FINANCIAL STATEMENT, & BUDGET FOR PROJECT (INCLUDING INCOME & EXPENSES)**
- 2. EQUIPMENT VENDOR'S NAME, CONTACT PERSON, PHONE NUMBER & E-MAIL ADDRESS**
- 3. A DESCRIPTION OF THE EQUIPMENT FROM THE VENDOR, IF AVAILABLE, PLEASE INCLUDE A PICTURE OF THE EQUIPMENT**

MAIL APPLICATION TO:  
Nina Greene, [ngreene@cfgaston.org](mailto:ngreene@cfgaston.org)  
The Community Foundation of Gaston County  
P. O. Box 123  
Gastonia, NC 28053

1. ORGANIZATION: What is the purpose of your organization and whom does it serve? (Include geographic area served).

2. NEED: What problems or needs will this project / equipment address? How was the need determined?

3. WHO: What specific population group and number of people would be helped by this project / equipment?

4. PURPOSE: Explain the specific goal of this project / equipment in meeting the problem or need.

5. PLANNING OUTLINE: What specific steps are necessary to complete the project / equipment needed? (Include timetable)

6. PERSONNEL: Describe the organization's capacity to undertake the proposed project, including qualifications of staff involved.

7. OTHER FUNDS: Who else has given or pledged funds for this project? Where else are you seeking funds?

8. FUTURE FUNDS: If this is an on-going project, how will it be financed in the future?

9. IMPACT: Describe the effect of this project / equipment on the organization, clients, and the community.

10. OTHER: Briefly share other information you feel is relevant to our consideration of this request.

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