

PHYSICAL ACTIVITY GRANT APPLICATION

COVER PAGE

Instructions: Please fill out this PDF form on your computer, then print, sign, and scan it to attach to an email. If you do not have access to a scanner, please mail your application to the address listed on the last page.

Project Title: _____

Project Location: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Primary Contact Name: _____ Telephone: _____

Email: _____

Organization Type:

Public or charter school

Other government entity

501(c)3 Nonprofit organization

Private, for profit organization

Other (please specify: _____)

Amount of Funds Requested: \$ _____ Organization Tax ID (EIN): _____

Certification Statement: I certify that the information presented in this application is accurate and true to the best of my knowledge. If awarded the grant, I agree to submit a post-grant report including expense detail, at least five high-quality photos in electronic format, and any other information requested from the funder about the project.

Signature of Authorized Applicant: _____

Printed Name: _____ Title: _____

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APPLICATION QUESTIONS

1. Describe the project in 3 to 4 sentences.
2. Describe the need for the project. If applicable, demonstrate that the potential beneficiaries are underserved.
3. How many people do you expect will benefit from this project?
4. How will you ensure that your physical activity project is used after it is completed?
5. Will your project involve volunteers to implement? If yes, please describe what volunteers will do and estimate the number of volunteers and number of volunteer hours.
6. What specifically will you do with the funding from this grant? Describe in 2 or 3 sentences and then list cost details on the budget line items in Question #8.

7. Do you have other sources of funding for this project? If yes, please describe sources and give dollar amounts. These amounts should match the "Other funding" listed in #8.

8. Project Budget

Line item	Funds from this grant (A)	Other funding (B)	Total project funding (C)
Totals			
Note: A + B = C and total from column A matches amount requested on Cover Page			

9. Please fill in a simple timeline for your project completion (list major tasks or activities by each month).

May	
June	
July	
August	
September	
October	
November	

Submit your application by email to racedirector@chathamkids.org by 5:00 pm on June 14, 2024. Or, mail it to Jerry Lux, Chatham County Partnership for Children, PO Box 637, Pittsboro, NC 27312.