



Bladen County
 PO Box 1048
 Elizabethtown, NC 28337
 Voice: 910 862-6700
 Fax: 910 862-6767

Nonprofit Grant Request Form

Date of Application: ___/___/___

Contact Information		
Organization Name:		
Phone:	Fax:	Email:
Complete Mailing Address:		
CEO Name:		CEO Title:
Phone:	Fax:	Email:
Complete Mailing Address:		
Board of Directors Chairperson's Name:		
Phone:	Fax:	Email:
<i>If you are a tax exempt organization, please provide a copy of the determination letter from the Internal Revenue Service.</i>		
FY 2022-2023 Requested Amount:		
Brief (100 words or less) narrative description of services authorized by NC General Statute (153A-449) that carry out a public purpose to be provided with County funds:		
CEO Signature:		Board Chair Signature:
Print Name:		Print Name:
Date:		Date:

Deadline to submit completed Non-Profit Agency Funding Request: July 15, 2022