

2026  
**Community**  
GRANTS PROGRAM

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**Sample  
Application**



## 2026 Community Grant Program – Application Draft

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### Acknowledgements:

- ☐ I acknowledge that my organization can only submit one (1) application for a Community Grant during this cycle. I understand that submission of more than one (1) application per grant cycle for the Community Grants Program will disqualify my organization from consideration for that grant cycle.
  
- ☐ I acknowledge that the Community Grants Program does not fund projects primarily focused on arts or culture. Arts or culture-related initiatives should apply through the Arts & Culture Program administered by The Arts Council of Wilmington & NHC. Arts and culture organizations offering community or educational programming that aligns with The Endowment's four pillars (Social Health & Equity, Community Development, Community Safety, and Education) are eligible.

Arts Council of Wilmington & NHC Website

### Section I. Organization and Contacts

This section seeks to capture your organization's legal name and address and the persons at your organization that will be contacted during different parts of the grant cycle process. Please note: One person can fill more than one role.

Please note: The contacts will not populate in the contact fields until the organization name is entered.

Here are the definitions for the various contact fields below.

Primary Contact: This is the primary contact at your organization who should receive all communications and notifications related to this form and the grant application.

Primary Signatory: This is the person at your organization who has the legal authority to sign grant and other agreements on behalf of your organization.

Budget/Finance Contact: This is the person at your organization that should be contacted for all questions or follow-ups related to the finances of your organization.

**Organization Name:**

**Primary Contact:**

**Primary Signatory:**

**Budget/Finance Contact:**

**Note:** Once your organization name and contact information have been entered, please click 'Save' in the bottom right hand corner. This will allow you to upload documents later in the application.

## Section II. Fiscal Sponsorship Organizations

This section is only applicable to organizations applying with a fiscal sponsor. If you select 'Yes' to the following question, additional fields will appear to collect all required information related to your fiscal sponsor. Please remember to upload and submit all requested documentation in this section **for the fiscal sponsor only**. Materials for your own organization will be collected later in the application under Section IV.

1. Are you submitting this application in partnership with a fiscal sponsor?\*
- a. Fiscal Org Name\*
- b. Fiscal Org EIN\*
- c. Fiscal Org Street Address\*
- d. Fiscal Org City\*
- e. Fiscal Org Zip Code\*
- f. Fiscal Org Primary Contact\*
- g. Fiscal Org Primary Contact Email\*
- h. Fiscal Org Phone\*
- i. Fiscal Org Signatory Name\*
- j. Fiscal Org Signatory Email\*

## Fiscal Sponsor Document Uploading Section

In this section, you will upload all required documentation for the fiscal sponsor organization only. Please place each document in the appropriate field. If you have any additional fiscal sponsor documents you wish to upload, you may upload them in the 'Additional Fiscal Documents' field at the bottom of this section.

Important: Sometimes the system experiences issues that prevent files from uploading. First, check your file name – certain characters are prohibited. For complete instructions on how to upload documents and resolve common issues, click below to request our Troubleshooting Guide.

[Access Troubleshooting Guide](#)

If the issue persists, follow the steps in our troubleshooting guide to successfully upload your document. If you are still unable to upload, please connect with our Network Associate by clicking the button below.

[Contact Network Associate](#)

## Fiscal Sponsor Required Documents

Please upload:

- Fiscal Sponsorship Agreement
- Fiscal Sponsor's Articles of Incorporation

- Fiscal Sponsor's Board List with Affiliations
- Fiscal Sponsor's Financial Audit – Most Recently Completed Fiscal Year
- Fiscal Sponsor's 990 – Most Recent
- Fiscal Sponsor's IRS Determination Letter

1. Please upload a list of your Fiscal Sponsorship Agreement

2. Please upload your Fiscal Sponsor's Articles of Incorporation.

3. Please upload your Fiscal Sponsor's Board List with Affiliations

4. Please upload your Fiscal Sponsor's Financial Audit for the most recently completed fiscal year.

5. Please upload your Fiscal Sponsor's Form 990 for the most recent fiscal year.

6. Please upload your Fiscal Sponsor's IRS Determination Letter.

7. Optional documents. The box below is available for you to upload any additional fiscal sponsorship documents you would like to include to support your application. Nothing is required to be uploaded in this box.

### Section III. Application Questions

This section is where you will answer all questions for this application. Please contact our Network Associate if you have any questions about how to respond by clicking the button below.

Contact Network Associate

1. What amount of funding are you requesting? \*

**Note: Minimum \$5,000 | Maximum \$15,000**

2. Which pillar does this request most closely align with? \*

3. Organization Mission Statement \* (Limit: 500 characters)

4. Project Title \*

5. Project Summary \* (Limit: 1500 characters)

**Describe your proposed project. Please address the following questions in response.**

**Failure to address any of these questions will result in reduced scoring.**

1. What is the community need your project will address?

2. To what end? (Explain the intended outcomes or benefits of what you will do.)

3. Population served? (Who will benefit from what you will do? Note: Beneficiaries (population served) must be located within New Hanover County.)

4. How will this grant increase your impact? (Describe how funding will expand or improve your organization's activities, services, or programs.)

### Budget Instructions

The Budget component requires you to account for the money you are requesting from The Endowment. Please click the button below for instructions on how to complete the Budget component of your application.

[Access Budget Instructions](#)

6. Requested Budget \*

**This is how your Endowment funds will be spent.**

Grant Budget Template – Click the + button to the right ->



Category	Budget Total	Actual Total	Balance
Personnel: Salaries, wages, benefits, payroll, taxes, etc.			
Operating: General operating and administrative expenses (e.g., supplies, etc.).			
Program Expenses: Expenses directly related to grant funded program.			
Professional Services: Legal, accounting, contractor, etc.			
Capital Expenditures: Property, vehicle, equipment, computers, etc.			
5 Custom Fields			

7. If your project funded by this grant costs more than the amount you are requesting, please tell us the total cost of your project.

8. Budget Narrative \* (Limit: 2000 characters)

**Describe how the Community Grant funding will be used. Please address the following questions in response. Failure to address any of these questions will result in reduced scoring.**

**1. What will you do with the funds? (Describe the specific activities, services, or programs the grant will support.)**

**2. If you indicated that your project will cost more than the amount you are requesting, please provide details on additional funding sources and explain how the remaining project costs will be covered.**

#### **Section IV. Organization Document Uploading Section**

In this section, you will be asked to upload a variety of documents for your organization to support your application. Please only upload the requested documents to the appropriate areas. There is a place for you to upload any additional documents you may want to include at the bottom of this section in the 'Optional Documents' field.

Important: Sometimes the system experiences issues that prevent files from uploading. First, check your file name – certain characters are prohibited. For complete instructions on how to upload documents and resolve common issues, click below to request our Troubleshooting

Guide. [Access Troubleshooting Guide](#)

If the issue persists, follow the steps in our troubleshooting guide to successfully upload your document. If you are still unable to upload, please connect with our Network Associate by clicking the button below.

[Contact Network Associate](#)

**Please note: Some documents may auto-populate based on your organization's previous submissions. If any auto-populated documents are outdated or you have more recent versions, please upload the updated documents before submitting your application.**

8. Please upload your organization's Articles of Incorporation.

9. Please upload a list of your board members with affiliations.

10. Please upload your organization's fiscal year operating budget (income and expenses) for the current year (any format will be accepted).

11. Please upload your organization's audited financial statements from the most recent fiscal year showing actual income and expenses. If your organization does not have audited financials, upload your balance sheet, statement of activities, and functional expenses for the **two (2) most recently completed fiscal years.**

12. Please upload your organization's Form 990 for the most recent fiscal year.

13. Please upload your organization's 501(c)(3) Determination Letter from the IRS (or equivalent if your organization is a local government or church).

14. Optional documents. The box below is available for you to upload any additional documents you would like to include to support your application. Nothing is required to be uploaded in this box.

## **Section V: Grant Terms and Agreement**

[See Grant Agreement Document for Grant Agreement template]

## **Section VI: Internal Due Diligence List**

1. Verification that the applicant is a tax-exempt organization (nonprofit, public charity, or university) or a public agency. \*
  - a. Internal Revenue Service (IRS) Form 990 for the most recent fiscal year. This may be a 990-N, 990-EZ, or 990. \*
  - b. Most recent audited financial statements or financial statements for the last two fiscal years. \*
  - c. Current board list of directors. \*
2. Conflict of interest
3. Verification of the organization's grant funds will serve or benefit residents of New Hanover County (web search). \*
4. Application is complete (all fields). \*
5. Alignment with our pillars? \*
6. Is this application ready to be reviewed by the review team? \*
7. Describe any issues found during the initial review that should be flagged.
8. Rationale for application moving to the next state or being declined. \*