2026

Community GRANTS PROGRAM

Application Template

THE ENDOWMENT
NEW HANOVER COMMUNITY ENDOWMENT

2026 Fall Community Grant Program – Application Template

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.

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. Additionally, contacts may auto-populate based on how your team settings are set up in your organization's profile.

Organization Name *

Current Operating Budget *

The total operating expenses for your organization's current fiscal year budget.

Current Operating Budget Year *

The fiscal year of your current operating budget entered above. i.e., enter "2026" if your operating budget is for the time period of 1/1/26 - 12/31/26, enter "2025-2026" if your operating budget is for the time period of 7/1/25-6/30/26, etc.

Primary Contact Name *

This should be the full name of the primary contact at your organization who will receive all communications and notifications related to this form and the grant application.

Primary Contact Email *

This should be the email address of the primary contact at your organization who will receive all communications and notifications related to this form and the grant application.

Primary Signatory Name *

This should be the full name of the person at your organization who has the legal authority to sign grant and other agreements on behalf of your organization.

Primary Signatory Email *
This should be the email of the person at your organization who has the legal authority to sign grant and other agreements on behalf of your organization.

Financial Contact Name *
This should be the full name of the person at your organization that will be contacted for all questions or follow-ups related to finances of your organization, and that is authorized to provide and verify bank account information.

Financial Contact Email *
This should be the email address of the person at your organization that will be contacted for all questions or follow-ups related to finances of your organization, and that is authorized to provide and verify bank account information.

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.

Fiscal Sponsor Select
Are you submitting this application in partnership with a fiscal sponsor? *

- ❑ Yes
- ❑ No

The following fields will appear if 'Yes' is selected:
Fiscal Org Name*

Fiscal Org EIN*

Fiscal Org Street Address*

Fiscal Org City*

Fiscal Org Zip Code*

Fiscal Org Primary Contact Name*

Fiscal Org Primary Contact Email*

Fiscal Org Phone*

Fiscal Org Signatory Name*

Fiscal Org Signatory Email*

Fiscal Org Financial Name*

Fiscal Org Financial 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.

If you are still unable to upload, please connect with our Network Associate by clicking the link 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 Operating Budget – Current Fiscal Year
- Fiscal Sponsor's Financial Audit – Most Recently Completed Fiscal Year
- Fiscal Sponsor's 990 – Most Recent
- Fiscal Sponsor's IRS Determination Letter

FS Agreement *
Please upload the fully signed Fiscal Sponsorship Agreement establishing the partnership between your organization and the fiscal sponsor.

FS Articles of Incorporation *
Please upload your fiscal sponsor's Articles of Incorporation.

FS Board List *
Please upload a list of your fiscal sponsor's board members with affiliations.

FS Current Operating Budget *
Please upload your fiscal sponsor's fiscal year operating budget (income and expenses) for the current year (any file format will be accepted). The uploaded file must clearly display the current fiscal year.

FS Audited Financials *
Please upload your fiscal sponsor's audited financial statements from the most recent fiscal year showing actual income and expenses.

FS Form 990 *
Please upload your fiscal sponsor's Form 990 for the most recent fiscal year.

FS IRS Determination Letter *
Please upload your fiscal sponsor's 501(c)(3) Determination Letter from the IRS.

FS Optional Docs
Optional. 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.

Amount Requested *
What amount of funding are you requesting?
Note: Minimum $5,000 | Maximum $15,000

$

Pillar Select *
Which pillar does this request most closely align with?

Organization Mission Statement * (Limit: 500 characters)

Project Title *

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 and how your funds will be spent.

Personnel: Year 1 Budget Amount *
Salaries, wages, benefits, payroll, taxes, etc.

$

Operating: Year 1 Budget Amount *
General operating and administrative expenses (e.g., supplies, etc.)

$

Program Expenses: Year 1 Budget Amount *
Expenses directly related to grant funded program.

$

Professional Services: Year 1 Budget Amount *
Legal, accounting, contractor, etc.
$

Capital: Year 1 Budget Amount *
Property, vehicle, equipment, computers, etc.
$

Budget Total
Automatically calculates the amounts entered in the budget fields above.
$

Project Total Budget *
If your project funded by this grant costs more than the amount you are requesting, please tell us the total cost of the program or project. If not, please enter the amount of funding you are requesting for this grant.
$

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, timeline, 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.

Reduced Funding Feasibility *
If awarded less funding than requested through this grant, will you still be able to successfully implement this program/project?

- ❑ Yes
- ❑ No

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.

If you are still unable to upload, please connect with our Network Associate by clicking the link below.

Contact Network Associate

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

Board List *
Please upload a list of your board members with affiliations.

Current Operating Budget *
Please upload your organization's fiscal year operating budget (income and expenses) for the current year (any file format will be accepted). The uploaded file must clearly display the current fiscal year.

Audited Financials *
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.

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

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

Optional Docs
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.