



**Stanly County Partnership For Children**

**Request for Funding Fiscal Year 2011-2012, 2012-2013 & 2013-2014**

**Application Cover Page**

**Name of Organization:** Stanly County Partnership For Children

**Street Address:** 1000 North First Street, Suite 8

**Mailing Address:** Post Office Box 2165

**Telephone Number:** 704-982-2038 **Fax Number:** 704-983-8981

**Name of Contact Person:** Denise Smith **Title:** CCS Coordinator

**Primary purpose of business/organization:**

To make early childhood resources available to young children and their families that result in young children being properly cared for (healthy, safe, age appropriately educated) and enabled to enter school ready to learn.

**Is your business/organization non-profit?** Yes  No

**Federal Tax I.D. Number** 56-1851138

**Does your organization normally serve children ages birth to five?** Yes  No

**If yes, in what capacity?**

Smart Start funded activities are available as resources for families with children ages birth-five and child care providers who serve children ages birth-five.

**If no, why are you willing to serve this age group now?**

**Amount of Funding Requested:** Continuing Education Services Activity

2011-2012 – \$21,778.00

2012-2013 - \$21,778.00

2013-2014 - \$21,778.00

**PLEASE READ AND SIGN THE STATEMENT BELOW:**

**I certify that I have the authority to enter into a contract for organization, and all information contained in this application is true to my best knowledge and belief.**

\_\_\_\_\_  
**Signature of Director**

\_\_\_\_\_  
**Date**

**Please return your original application along with an electronic copy (e-mailed to talbertson@stanlypartnership.org) of the SCPC required forms to Stanly County Partnership for Children – 1000 North First Street, Suite 8 – Post Office Box 2165- Albemarle, NC 28002. APPLICATIONS AND ELECTRONIC COPY MUST BE RECEIVED IN THE PARTNERSHIP OFFICE NO LATER THAN 5:00 PM ON WEDNESDAY, DECEMBER 15, 2010.**

