



Stanly County Partnership For Children
Request for Funding Fiscal Year 2009-2010 (remainder) & 2010-2011

Application Cover Page

Name of Organization: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

Name of Contact Person: _____ **Title:** _____

Primary purpose of business/organization:

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

Federal Tax I.D. Number _____

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

If yes, in what capacity?

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

Amount of Funding Requested:

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 one original application and e-mail one copy to: Stanly County Partnership for Children – 1000 North First Street, Suite 8 – Post Office Box 2165- Albemarle, NC 28002 – e-mail: talbertson@stanlypartnership.org. APPLICATIONS WITH COPIES MUST BE RECEIVED IN THE PARTNERSHIP OFFICE NO LATER THAN 3:00 PM ON FRIDAY, NOVEMBER 20, 2009.