

Seed Grant Application

Please provide all information requested and submit it via email.				
Group name:				
Name of library or libraries supported:				
Friends Mailing Address:				
County: Phone:				
Primary Email Address:				
Officers or Directors or Steering Committee members (please	provide 3 contacts):			
Name:	Position:			
Email:				
Name:	Position:			
Email:				
Name:	Position:			
Email:				
Is your group incorporated as a nonprofit in the State of NC? ()NO ()YES If yes, state year of incorporation:				
Is your group a 501 (c)(3) nonprofit? Mark one: () NO ()YES If yes, state year IRS designation rec	eived:			

Describe planned expenditure(s)	Est. cost	Act. Cost**
Incorporating in State of NC*	\$60	
IRS 501(c)(3) 1023-EZ application fee*	\$275	
Set up bank account & checks		
Graphic design (e.g., logo)		
Printing (e.g., brochures, posters, etc.)		
Postage		
PO Box fees		
SWAG items		
Software or subscription service		
Total Cost		

*REQUIRED **complete this column at part of your final report

These are typical cost incurred in establishing a new group of Friends, but yours could vary.

Amount requested (maximum \$500): _____(please use whole dollars)

Required: Attach a narrative explaining your group's situation and why you think we should award your group a Seed Grant. Include a time and task schedule.

Required: Attach a letter from the concerned Library or Library System attesting to the intention of individuals named above to form or revitalize a Friends of the Library group.

Make check out to: _____

Mail check to:

I hereby certify that the information provided herein is correct and accurate to the best of my knowledge. On behalf of our Friends group, I/we agree to provide documentation of expenditures and reports as indicated in the Seed Grant timetable. I/we agree to allow the FONCPL assigned coach/mentor to assist us. Completing the information below is considered a signature.

Name:_____

Title: _____ Date: _____

Submissions and Questions

Email completed application, narrative and library letter to:

Tess Thais at tessthais88@gmail.com

Questions? Email tessthais88@gmail.com

THIS SECTION FOR FONCPL USE

Date Received:	Application con	nplete: Y	ES	NO			
Percent of total project cost requested:% (Amount Req/Total Cost)							
Evaluated by:							
Remarks:							
Date application, group letter and library letter forwarded to FONCPL Board:							
Funding available? YES	NO A	ward made:	YES	NO			
If no award made, date letter sent to applicant indicating the reason:							
Amount of the Award: \$ Date of Award:							
Date FONCPL membership entered in the database for awardees:							
Date response sent to applicant: Date posted to website:							
Assigned Mentor:							
Assigned Mentor:							
Assigned Mentor: Date Interim report due:							
	Date In						

Attach Mentor notes and final report.