



## GRANT APPLICATION

**Deadline: Application must be submitted by April 11, 2008**

Organization Name: \_\_\_\_\_ Non-profit Tax #: \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone (H): \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

<p><b>Amount Requested:</b> _____</p> <p><b>Project/Program Requesting Funds:</b> _____</p> <p>_____</p>
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Project/program description (include how it will benefit the Apex Community in 500 words or less) May use back of application or separate sheet:

Has this project previously received Apex Festival Commission funds? \_\_\_ YES \_\_\_ NO  
If yes, please give project status and completion schedule.

I certify that I represent an Apex-based, non-profit organization that benefits the residents of Apex.

\_\_\_\_\_  
Signature Date

**RETURN TO: Apex Festival Commission, PO Box 1238, Apex, NC 27502 or leave at Apex Family Chiropractic, 1051 Pemberton Hill Rd., Ste. 101, Apex or Apex Community Center, 53 Hunter St., Apex.**