



**MECKLENBURG BAR FOUNDATION**

2850 Zebulon Ave.

Charlotte, NC 28208

Telephone: 704/375-8624 Fax: 704/333-6209

www.MeckBar.org

**GRANT REQUEST APPLICATION**

*Completed Applications are reviewed by the Grant Review Committee and, if recommended, by the full MBF board.*

**Mission Statement of the Mecklenburg Bar Foundation:**

The mission of the Mecklenburg Bar Foundation is to advance public understanding and respect for the rule of law and the role of the legal profession; to promote the highest ideals of professionalism, public service, and access to the legal system; and to support the charitable and educational goals of the Mecklenburg County Bar.

**Mission Statement of the Mecklenburg County Bar:**

The mission of the Mecklenburg County Bar is to serve the public and the Bar members in improving and preserving the administration of justice, and to assist the North Carolina State Bar as described by statutory requirements.

The overall goals of the Mecklenburg County Bar are:

- To promote the highest standards of professionalism, competence, and ethical behavior among its members.
- To promote the administration of justice.
- To assure access to legal services consistent with ethical consideration to all regardless of social, ethnic or economic status.
- To promote public education in the community on legal issues, the Bar and the legal system.
- To provide its members educational and support services to promote the delivery of competent ethical legal services.
- To increase involvement of all sectors of the legal profession in the Mecklenburg County Bar.

Please indicate which objective/purpose within the Foundation's Mission Statement most accurately describes your grant request:

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**I. APPLICANT INFORMATION**

1. Date of Application \_\_\_\_\_

2.a. Name of Applicant: \_\_\_\_\_

b. Taxpayer I.D. No. (if any): \_\_\_\_\_

c. Fiscal Year: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. Tel / Fax Nos.:                      T                                      F \_\_\_\_\_

3.a. Contact Person's Name \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

d. Telephone No.: \_\_\_\_\_

e. Fax No.: \_\_\_\_\_

f. E-mail: \_\_\_\_\_

4.a. Summary of Applicant's mission, objectives/purposes and major program(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. List the source and amount of any funding received by Applicant.

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\_\_\_\_\_

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c. Please submit a copy of the currently-approved budget for your Agency.

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5.a. Has Applicant previously requested or received a grant award from the Foundation:

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b. If so, provide date, purpose and amount of grant request and state whether the request was approved or not:

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6.a. Is Applicant a 501(c)(3) organization: \_\_\_\_\_

b. If not, do you intend to apply for 501(c)(3) status: \_\_\_\_\_

c. If so, when? \_\_\_\_\_



3. a. Anticipated total cost of project: \$\_\_\_\_\_
- b. Amount of grant award requested: \$\_\_\_\_\_
- c. Are the funds for the project being sought from any other source? If so, please list source, amount and whether funds have been approved.

\_\_\_\_\_

\_\_\_\_\_

- d. Type of payment schedule requested (e.g., quarterly, semi-annual) if not lump sum:

4. What would be the consequences to project if it received less than the full amount sought in its grant request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please submit a budget for this specific project (using the Project Budget form below) that reflects how the grant funds, if received, will be applied.

**Project budget for which grant request will be used** *(Use only those line items that apply)*

|                                 |          |
|---------------------------------|----------|
| <u>Personnel:</u>               |          |
| Salaries                        | \$ _____ |
| Benefits                        | _____    |
| Taxes                           | _____    |
| Contract Services               | _____    |
| Other – please define           | _____    |
| <b>Subtotal:</b>                | \$ _____ |
| <u>Non-Personnel Operating:</u> |          |
| Rent/Mortgage                   | \$ _____ |
| Utilities                       | _____    |
| Office Supplies                 | _____    |
| Purchased Services              | _____    |
| Travel                          | _____    |
| Training                        | _____    |
| Other – please define           | _____    |
| <b>Subtotal:</b>                | \$ _____ |
| <u>Capital Expenses</u>         |          |
| _____                           | \$ _____ |
| _____                           | _____    |
| <b>Subtotal:</b>                | \$ _____ |
| <b>TOTAL</b>                    | \$ _____ |

6. The Mecklenburg Bar Foundation is a related organization of the Mecklenburg County Bar, whose mission and overall goals are stated on page one of this Application. If the Applicant has a volunteer need that may be fulfilled by members of the Mecklenburg County Bar, please check the following box to be contacted by a staff person, who will ask for further information about the Applicant's volunteer needs.

All requests for volunteer assistance will be reviewed by the appropriate staff person irrespective of whether grant funds are awarded. The Mecklenburg Bar Foundation and Mecklenburg County Bar are committed to assisting in the fulfillment of specified volunteer needs when possible.

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

The undersigned declares (1) that he/she is authorized to sign this Application in behalf of the above-named organization, (2) that he/she will promptly notify the Mecklenburg Bar Foundation's Executive Director of any material changes in this Application during the application process and during the term of the grant if a grant is awarded to the Applicant and (3) that the Applicant does not and will not discriminate on the basis of race, religion, age, sex or national origin.

\_\_\_\_\_  
Applicant (Authorized Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date