

**ANONYMOUS TRUST
LETTER OF INQUIRY
ELIGIBILITY, GUIDELINES, AND INSTRUCTIONS**

Please read carefully before beginning the Letter of Inquiry

Mission: Vibrant, healthy, safe, and educated communities where the whole community thrives, and opportunities exist for all.

Organizational Eligibility Requirements

- ✓ 501 (c) (3) must be in North Carolina and/or serve Eastern North Carolina.
- ✓ Projects must be for the benefit of organizations based in Eastern North Carolina.

Eligible requests

- ❖ General operating support.
- ❖ Support for ongoing or new programs or projects.
- ❖ Capital requests: construction, renovation, or purchase of a building; endowments.
- ❖ Health/human services programs
- ❖ Youth education programs/Schools
- ❖ Community Development
- ❖ Cultural Preservation and the Arts

Grant range: \$10,000 and up (not to exceed 10% of budget)

Annual Deadlines, Timeline, and Process

Advance Conversations	Ongoing
Letter of inquiry accepted	On- request
Grant decision	60 days from receipt of Letter of inquiry

The fund welcomes conversations to discuss projects in advance of the Letter of Inquiry period. Please call 910-292-2580 to schedule. Accepting a Letter of Inquiry does not imply funding.

Letter of Inquiry Instructions and attachments

- ✓ Please complete the attached Letter of Inquiry form and email it to debbie.aiken@anonymoustrust.org and/or Kbreeden@anonymoustrust.org.
- ✓ The completed document will consist of the cover page, proposal detail, annual budget, and project budget if applicable.
- ✓ Please use as much space needed to complete answers.
- ✓ Please attach Organization's budget, most recent 990, Board of Directors roster which includes name, professional title if applicable, city/town of residence/business, gender, and race/ethnicity, 501(c) (3) letter, most recent Audit or Financial Statement, Actual program results and at least one success story demonstrating the impact of the organization. Please send each of these as stand-alone documents.

Organization/Grantee Name:

(If using a fiscal sponsor, please give both organizations' names)

City/State:

Executive Director/CEO and Contact information:

Primary Grant Contact name (if different from above), title, email, phone and mailing address:

If Grant is approved:

Name/Title of Authorized Signer for Grant Acceptance Letter:

Payee name if official name is different from Grantee Name:

Address where check should be sent:

Board of Directors Chairperson/President/City/State:

Board Giving Percentage (If not 100%, please explain why):

Date:

REQUEST OVERVIEW

Geographic Area(s) served County/City:

Of people served:

Amount requested:

Organizations Fiscal start/end dates:

How long has the Organization been operating?

Organization's Mission Statement:

Demographics of the community you serve. Demographics of your staff, volunteers, and Board of Directors. To what extent do the demographics of your organization's staff, BOD, and volunteers (as applicable) reflect the demographics of the population(s) you serve and the demographics of the broader community in your service area?

Funding area(s) (Please state the primary area of funding):

1. Proposal Summary: describe the need(s) to be addressed by the Organization. Who does the organization serve?
2. Please summarize the activities/methods to be undertaken to address the project's purpose/need. Please indicate the frequency and duration of the activities. Example: participants meet weekly for 2.5 hours for 10 weeks.
3. Describe the anticipated overall results of the Organization (If awarded a grant organization will be required to submit a six month and yearly report).
4. How would grant funds be used? If the requested amount will not fully cover the cost, what are the other sources of funds?