

North Carolina Horse Council
4904 Waters Edge Drive, Suite 290
Raleigh, N.C. 27606

Phone: (919) 854-1990
(800) 529-9206
Fax: (919) 854-1989
Email: suegray@nchorsecouncil.com

Horse Industry Grant Program

“Your Referendum Dollars at Work!”

Instructions:

To request grant money from the North Carolina Horse Council, please complete the attached Grant Request Cover Sheet, complete the application and submit your completed proposal electronically to: suegray@nchorsecouncil.com or return the written application to the address above. An Evaluation Form will be mailed to you upon approval of the grant request. The final evaluation form, reporting the results of the project, is due back to the North Carolina Horse Council within 10 days following the completion of the project.

<i>Office Use Only</i>	
<i>Amount Requested:</i> _____	
Project Title: _____	
Date grant request received: _____	Name of requestor: _____

GRANTS COMMITTEE			
Date sent to Grants committee: _____	Chair: _____		
Grants committee decision: Approved / Not Approved	Signature: _____		
	Date: _____		
EXECUTIVE COMMITTEE			
Date sent to Executive committee: _____			
Executive Committee decision: Approved / Not Approved	Date: _____		
Check issue date: _____	Check amount: _____	Check #: _____	Fund: _____
Evaluation form due: _____	Evaluation form received: _____		



North Carolina Horse Council Grant Request Cover Sheet



Please check one: **New Project** _____ **Renewal Project** _____

4904 Waters Edge Drive, Suite 290
Raleigh, NC 27606

919-854-1990
Fax 919-854-1989

1. Project Title _____

2. Contact information of grant recipient

Name _____

Address _____

City/State/Zip _____

Phone _____ **Fax** _____

Email _____

3. If the grant money was utilized by an organization, write the organization name.

Organization Name _____

Location _____

Non-profit tax ID # (if applicable) _____

4. Amount of funds requested _____

(Attach a budget indicating how the funds will be spent.)

5. Project Duration (days, weeks, months, etc.) _____

6. Project description (attach supporting data, if necessary, to more clearly define the scope and impact of the project. The description must include how the project will address the NCHC strategic goals

A. Who is responsible for completing the project (list the name of the organizations and names of individuals within each organization)?

B. What is the project? Please be as specific as possible.

C. What benefit will the horse industry in North Carolina derive from the project?

D. How will the NC Horse Council be promoted as a sponsor of the project?

E. When is the project scheduled?

F. Where will the project be held? (include facility, town, state)



**North Carolina Horse Council
Evaluation Form**



(Must be completed and returned to the NC Horse Council within 10 days after completion of the project)

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919-854-1990
800-529-9206
Fax 919-8541989

1. Project Title _____

2. Contact information of grant recipient

Name _____

Address _____

City/State/Zip _____

Phone _____ **Fax** _____

Email _____

3. If the grant money was utilized by an organization, write the organization name.

Organization

Name _____

Location _____

4. Amount of funds received _____

5. Project Duration (days, weeks, months, etc.) _____

6. Project report back

A. Who completed the project?

B. Give a complete description of the completed project including attendance per each day of the project, if applicable.

C. What benefit did the horse industry in North Carolina derive from the project?

D. What benefit did the NC Horse Council derive from the project?

E. When was the project completed?

F. What is the impact of the completed project?