

Preliminary Application

Organization name: _____

Organization address: _____

Phone: _____ Fax: _____

Contact for proposal: _____ Title: _____

Chief Executive Officer or equivalent (if different from contact for proposal): _____

E-mail: _____ Website: _____

Board Chair signature: _____ Date: _____

Total project cost: \$ _____ Amount requested: \$ _____ Project timeline: _____ to _____

On one separate sheet, please provide thorough but brief answers to the following:

- A. Describe your organization's mission, its work, and the population you serve.
- B. State the purpose of your project and evidence that the community needs and wants the project.
Describe how you would use Foundation funds for this project.
- C. Describe the change or impact to the community your organization is committed to if you were to receive grant funding from The Winston-Salem Foundation.

Please return this form, the answered questions, recent financial statements, a project budget, and a list of your organization's board of directors and the organizations they represent to the Foundation. A member of the Grants and Programs staff will contact you regarding your application.

The Winston-Salem Foundation
860 W. Fifth Street
Winston-Salem, NC 27101
(336) 725-2382

Or you may email an electronic copy to grants@wsfoundation.org