



Bladen County  
 PO Box 1048  
 Elizabethtown, NC 28337  
 Voice: 910 862-6700  
 Fax: 910 862-6767

**Nonprofit Agency Funding Request Form**

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application	Date of Application: __/__/__
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<b>Contact Information</b>	
Organization Name:	
Phone:	Fax:
Complete Mailing Address:	
CEO Name:	CEO Title:
Phone:	Fax:
Complete Mailing Address:	
Board of Directors Chairperson's Name:	
Phone:	Fax:
Requested Amount of Funding:	
This Program serves: <input type="checkbox"/> Low Income Persons	Approximate % of Total:
This Program serves: <input type="checkbox"/> Moderate Income Persons	Approximate % of Total:
Brief (100 words or less) narrative description of services to be provided with County funds:	
CEO Signature:	Board Chair Signature:
Print Name:	Print Name:
Date:	Date: