



America 250 NC Local Grants: Community Programs Application

Local governmental entities or non-profit organizations with an IRS 501(c)3 determination letter. Matching funds required.

America 250 NC

Department of Natural and Cultural Resources

Please review the instructions prior to starting this application: [America 250 NC Community Programs Grant Instructions](#)

Matching Funds

Matching funds for the competitive grants are required. Matching funds must equal 10% of the total grant award for applicants in Tier 1 counties. For applicants in all other counties, the match must be 15% of the total grant award. Please list the source of matching funds in the Budget documents.

Project Title	textbox_sample0
Applicant Type	Official County 250 Committee
Request Amount	2500

Applicant/Project Sponsor

The lead applicant will be the fiscal agent for the project and will be responsible for final reporting.

Contact Name	textbox_sample2
Organization	textbox_sample3
County	textbox_sample4
Website	textbox_sample5
Job Title	textbox_sample6
E-mail	example@example.com
Phone Number	(111) 111-1111

Address 109 East Jones Street
Raeligh , NC, 27601

IRS letter attached Yes EIN Number Required

Project Director

The project director will lead the day-to-day operations of the project and will ensure that the project is kept on time, within budget, and that all deliverables are met. The project director will be the primary point of contact for the American 250 NC grants officer.

Project Director Name textbox_sample15
Organization textbox_sample16
Job Title textbox_sample17
Email example@example.com
Phone Number (111) 111-1111
Address Street Address
City, State/Province, Zip Code

Budget Officer

The Budget Officer will be the chief fiscal officer for the lead applicant and will be responsible for ensuring grant funds are spent according to the grant application and all applicable state laws.

Budget Officer Name textbox_sample25
Organization textbox_sample26
Job Title textbox_sample27
Email john@example.com
Phone Number (111) 111-1111
Address Street Address
City, State/Province, Zip Code

Authorizing Officer

(If different from above)

Authorizing Officer Name textbox_sample35
Organization textbox_sample36
Job Title textbox_sample37
Email example@example.com
Phone Number (111) 111-1111

Address

Street Address
City, State/Province, Zip Code

Project Summary

See instructions prior to completing this section.

Type of Project

Public Art or Mural

Project Summary

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/250

America 250 NC Themes

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

Project Narrative

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/1500

Prior Funding from the State of North Carolina

Yes

Prior Funding

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required.

Does your project propose any waysides, markers, or public murals?

Yes

Number of Waysides, Markers, or Murals

2

Map Coordinates

35.782538, -78.636914; 35.611087, -77.373875

Do you have written permission from the property owner(s) to place your wayside, marker, or mural in this/these locations?

Yes

Terms and Conditions

Accepted

Will the project have an additional external review?

Yes

External Review Process

Review instructions prior to completion.

Communications Plan

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

Project Deliverables/Impact

Deliverables/Expected Outcome

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

Measurement of Success

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

Participation and Access

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

Longevity/Lasting Impact

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/250

Partnerships

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/250

Project Timeline Summary

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

NC County Tier


Tier 1

Budget Summary

Review instructions prior to completion. The word limit is the maximum amount allowed, not the amount required. 0/500

[Download Budget Form](#)


Budget Form

 95_Review_instructions_prior... .pdf

Conflict of Interest Policy/Ethics Statement

 96_Review_instructions_prior... .pdf

Property owner permission or endorsement for wayside, marker, or mural.

 115_Review_instructions_pri... .pdf

IRS non-profit Letter

 80_Review_instructions_prior... .pdf

Statement of all State Funds/Grants received by fiscal agent

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Product or Services Quotes



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