



**NORTH CAROLINA TOBACCO TRUST FUND COMMISSION**

1080 Mail Service Center  
Raleigh, North Carolina 27699-1080  
Phone: 919-733-2160

Billy Carter, Chairman                      William Upchurch, Executive Director

**Web Site: [www.tobaccotrustfund.org](http://www.tobaccotrustfund.org)**

**GRANT APPLICATION**

**State Fiscal Year 2008-2009**

Complete all sections of this application and mail an **original plus four (4) copies** to the NC Tobacco Trust Fund Commission, 1080 Mail Service Center, Raleigh, NC 27699-1080. Please ship applications to: NC Tobacco Trust Fund Commission, 2 W. Edenton St., Raleigh, NC 27601. Only typed applications will be accepted. Attach additional materials that will assist the NCTTFC in its deliberation on this project. The left hand margin of any attached page must be at least one inch. All applications, attachments to applications and written materials received by the Commission are public records, unless determined otherwise by court order or other applicable law. Please do not submit social security numbers, tax information or other personal identifying information. If possible, include a copy of this proposal on CD along with the paper copies. Refer to the Commission's Rules, 02 NCAC 57 .0101 et seq., which can be viewed on our web site, [www.tobaccotrustfund.org](http://www.tobaccotrustfund.org). An electronic version of the application can be found on the Commission's web site.

Completed applications must be **postmarked or hand-delivered by 5:00 PM on February 16, 2009** to be considered during this granting cycle. The awards will be **announced by May 29, 2009**.

**Grant applications should meet at least one of these funding classifications:**

- Community Economic Development                      -Increasing Farm Profitability
- Development of Natural Resources                      -Skill & Resource Development
- Diversification Initiatives

**Please select area of impact:**

Project benefits a population that is tobacco-dependent or tobacco related...

- At the Farm Level**
- At the Manufacturing Level**
- At both Farm and Manufacturing Level**

**AND** is experiencing economic distress shown by loss of tax base, loss of employment, loss of farm income, increased expenses because of natural disaster or any other event which has negatively impacted the economic vitality of the population.

**SECTION I: GENERAL INFORMATION**

Project Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Organization's Operating Year: (i.e.: Jan-Dec, July-Jun) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Web site (if available): \_\_\_\_\_

Telephone: (D) \_\_\_\_\_ (E) \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary contact/title/contact information (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized contract signer/title (if different from organization, please include address, telephone, fax and e-mail address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's status: (check one)

- Non profit - Classification: \_\_\_\_\_ [501(c)(3), etc....]
- State or local governmental unit
- Federal governmental unit
- For profit corporation or business
- Other: \_\_\_\_\_

Counties in North Carolina the project will **serve** (check one)

- Statewide
- County or counties (list each county & the applicable % of TTFC funds)


**PLEASE SUBMIT YOUR PROJECT INFORMATION IN THE SAME ORDER AS LISTED IN SECTIONS II – IV.**

**SECTION II: EXECUTIVE SUMMARY**

Provide a concise (*less than 1 page*) summary of the project. The summary should highlight the items shown below in order to present an overall “picture” about the project. You will provide more details on these items later in the application.

- Amount Requested from NCTTFC
- Project Goals and Objectives
- Expected Outcomes & Evaluating Grant’s Effectiveness
- Intended Beneficiaries
- Matching Funds Partners
- Explanation of Positive Impact on the State’s Economy or Natural Resources
- Timeline
- Other Pertinent Facts

**SECTION III: PROJECT AND APPLICANT DESCRIPTIONS**

**1. Project Goals and Objectives: (*Limit to one page narrative attachment*)**

Describe the goals and objectives of this project.

**2. Evaluation of Expected Outcomes: (*Limit to one page narrative attachment*)**

- What will the project accomplish and what will be the short/long term impacts of the project?
- What evaluation method will be used to measure these impacts?
- If the project continues beyond the grant period, describe how the project will continue to be funded.

**3. Project Budget:**

- TTFC Grant Request: \$\_\_\_\_\_ Total Project Cost: \$\_\_\_\_\_
- Provide a detailed budget showing line item project expenditures and revenues for the entire project. Specify TTFC line items associated with this grant request.
- Describe and break out any administration costs for this project. The Commission cannot accept any overhead charges for work done for it by State universities.
- If other grant organizations have been contacted for this same project, please list them, along with the amount requested.

**4. In-Kind Contributions & Matching Funds:**

- a. Describe and include value-estimates of any in-kind contribution, such as personnel services, equipment, etc.
- b. For each additional funding partner, provide:
  - Name of the funding organization
  - Type of funding (grant, loan, private contribution)
  - Amount and date received and/or current status
  - Contact name and phone number

**5. Project Impact Table:**

a. Economic Impact / Benefit Information (*give estimated numbers – not all impacts will be realized by all applicants*):

Jobs Created	
Workers Re-Employed	
Former Quota Holders Assisted	
Worker Skills Upgraded (# of Workers)	
Persons Receiving Increased Educational Training	
Amount of New Income for Former Tobacco Workers	
Current or Former Tobacco Farmers Assisted	
Acres of Farmland Impacted	
Acres of New Crop Production	
Total Number of People Served	
Dollars Leveraged	
State Tax Revenue Generated	
Other (Explain)	
Other (Explain)	

b. If applicable, describe how the project:

- Alleviates unemployment in a tobacco-related sector
- Preserves and increases the local tax base
- Encourages economic stability
- Uses natural resources optimally
- Supports and fosters the vitality and solvency of a tobacco-related sector
- Other (explain)

**6. Project and Grant Timeline:**

Attach a detailed time line showing when significant events will happen during the project. Show the period during which the project will operate and the period the requested grant funds will be used, as well as major milestones. Timeline should begin no earlier than June 1, 2009.

**7. NCTTFC Recognition:**

Describe how the NC Tobacco Trust Fund Commission will be recognized as a supporter of this project. For example, website links, news releases, TTFC logo on printed materials, etc.

**8. Project Justification: Classify your project as either QAP Project or Indirect Compensatory Project and provide a less than one page narrative.**

For QAP Projects Only (see Guidelines): How will the project foster the vitality and solvency of the tobacco-related segment of the state's agricultural economy?

**OR**

For Indirect Compensatory Projects Only (see Guidelines): How will this project enhance North Carolina's tobacco dependent economy for the common good?

**9. Organizational History and Goals: (Limit to one page attachment)**

- Describe the organization in order to clarify the applicant's experience handling previous grants.
- Brief organization history
- Organizational goals
- List projects administered by the applicant within the last 3 years.
- Attach the organization's mission statement.
- Attach a list of current Board of Directors members and a list of staff members who will manage the project.

**10. Financial Information (attachment):**

- Date of organization's incorporation.
- Organization's total annual operating budget.
- Name and address of organization's current auditor.
- Date of last audit. (*Attach copy of latest audit statement, if available. If not available, explain why.*)
- Provide a description of the financial accounts that will be established to administer the project.
- Provide the name and telephone number of the person responsible for the finances of the project.

**11. References:**

Provide the names, mailing addresses, telephone numbers and email addresses (if available) of **TWO** references who have an operating knowledge of this project and the applicant organization. The Commission will survey these references about your project. These references can **not** be a member of your organization.

**12. Assurance Letter:**

Provide a letter from the applicant's board of directors that approves the submittal of this application.



## **SECTION IV. VERIFICATION**

*An authorized official of the organization **MUST** sign the following statements that will bind the organization to the representations made in the grant.*

THE FUNDS GRANTED BY THE TOBACCO TRUST FUND COMMISSION WILL BE USED EXCLUSIVELY FOR THE PURPOSES FOR WHICH THEY ARE GRANTED.

THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE AND THE PERSON SIGNING THIS APPLICATION IS AUTHORIZED TO BIND THE APPLICANT.

THE APPLICANT ASSURES THE COMMISSION THAT IT WILL PERMIT AUDITS AND SITE VISITS FOR THE PROJECT DESCRIBED IN THIS APPLICATION.

THE APPLICANT UNDERSTANDS THAT THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH THIS APPLICATION ARE PUBLIC RECORDS.

Applicant Organization: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **SECTION V: ATTACHMENTS**

***Please check information that has been included with application.***

### **Narratives and attachments as specified in the application.**

- Executive Summary
- Project Goals and Objectives
- Evaluation of Expected Outcomes
- Project Budget
- In-Kind Contributions & Matching Funds
- Project Impact Table
- Project and Grant Timeline
- NCTTF Recognition
- Project Justification as QAP or Indirect Compensatory
- Organizational History and Goals
- Financial Information
- References
- Assurance Letter