

# Evergreen Foundation

28A Oak Street  
Waynesville, NC 28786  
828-456-8005

## Grant Application

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### Organization Contact Information

<b>Organization Name</b>	
<b>Mailing Address</b>	
<b>City ST ZIP Code</b>	
<b>Contact Person</b>	
<b>Federal ID #</b>	
<b>Work Phone</b>	
<b>E-Mail Address</b>	

### Area of Support

**Please indicate the Disability & Age Group to be served.**

- | <b>Disability Area</b>                            | <b>Age Group</b>                          |
|---|---|
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Child/Adolescent |
| <input type="checkbox"/> Substance Abuse          | <input type="checkbox"/> Adult            |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Older Adult      |

**Please indicate the counties where support will be utilized.**

- | <b>Counties</b>                   |                                  |                                 |
|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Clay    | <input type="checkbox"/> Graham |
| <input type="checkbox"/> Haywood  | <input type="checkbox"/> Jackson | <input type="checkbox"/> Macon  |
| <input type="checkbox"/> Swain    |                                  |                                 |

### Type of Activity

**Tell us in which areas you will be utilizing the funding requested.**

- Public Information/Education**
- Prevention**
- Treatment**
- Infrastructure**
- Other**

## Summary of Grant Request

**Briefly describe your request here and attach a detailed description of your request to the application.**

### Outcome to be Achieved

**Describe the outcome to be achieved and how it directly impacts consumers or families of consumers with mental health, substance abuse or developmental disability challenges.**

### Grant Period/Grant Amount

**Describe the time period to be covered by the request and the total amount requested. Please attach a copy of a detailed budget showing all expenditures and other revenue sources being utilized to fund this request.**

## Sustainability

**If this request is for other than a one-time expenditure (capital purchase etc.), please describe how the program supported by this request will be able to sustain itself after the grant period expires.**

## Agreement and Signature

By submitting this application, we affirm that the facts set forth in it are true and complete. We understand that if we are funded under this request, any false statements, omissions, or other material misrepresentations made by us on this application may result in my immediate termination of the grant.

Name (printed)	
Signature	
Date	