



2024 Grant Application

The mission of the Lake Gaston Foundation, Inc., is to apply for grant funding and receive charitable contributions for ongoing projects that will serve the needs of Lake Gaston regional communities and the Lake Gaston Regional Chamber of Commerce by encouraging positive economic development through activities that stimulate community, business, and tourism growth.

Preference will be given to non-profits that are Lake Gaston Regional Chamber of Commerce members with up-to-date membership status; however, grant applications will be considered from any non-profit organization and institution that has a 501(c)3 not for profit status with the IRS and must provide documentation with the application.

Projects or activities must describe their benefit to the Lake Gaston region and its communities.

A final report of the completed project or activity is required from the grantee by December 31, 2024.

Name of Organization: _____

Contact Person (name and title) _____

Mailing Address: _____

Contact Phone Number: _____ Cell Number: _____

Email Address: _____

- Please provide a brief description of your organization, including Mission, board & staff composition, current programs & services, and population(s) of people served.
- Please attach a brief description of the activity or project for which the funds will be used, including:
 - Project title
 - Project goals
 - Start and end dates
 - Grant amount requested (\$500 - \$5000)
 - How grant money will be used
 - Description of benefiting population, including number of people
 - Location of project
 - Milestone dates
 - Planned publicity
 - Impact & benefits for Lake Gaston



2024 Grant Application

- Enclose a copy of the organization's tax-exempt certification of the Internal Revenue Code
- Return this application by **December 31, 2023** to:
Lake Gaston Foundation
2357 Eaton Ferry Rd.
Littleton, NC

or

Email to: President@LakeGastonChamber.com with the subject line: *LGF Grant: (name of organization)*

Name & position of authorizing official: _____

Signature of authorizing official: _____

Name of contact person: _____

Signature of contact person: _____

Date of application: _____