

Statement of Interest: Truist Foundation Western NC Recovery and Resiliency Fund

Overview

We invite those who are seeking funding for recovery and resilience work in Western North Carolina and that fit the following criteria, to submit an interest form. The CDP team will review forms on a rolling basis and reach out for additional information as needed.

Criteria:

- 501(c)(3) organization or fiscal sponsors on behalf of non-501(c)(3) organizations
- Based in North Carolina or demonstrated affiliation or partnership and ongoing work in North Carolina
- Ability to provide due diligence documentation

Application instructions: Our intent is that this form will not take you more than 10-15 minutes to fill out. We are interested in basic information about your eligibility for this fund. Once eligibility is determined we will engage in a deeper review and engage in conversation about your plans and needs and further documentation collection for our due diligence and grantmaking processes.

Organization Information

Organization *

Also Known As, as applicable

Street Address

Telephone

Organizational Email Address

Web Address (URL)

Charity Navigator Listing (URL)

Guidestar Profile (URL)

Tax ID *

This is a unique nine-digit number assigned by the Internal Revenue Service.

Annual Operating Budget**Current Year-end****When does your organization renew its audit?**

Please leave blank if you organization does not do an audit.

When does your organization renew its 990?**Mission Statement****Contact Information****Organization Contact: Main point of contact for the organization.**

This individual is typically the Chief Executive Officer or Executive Director and has the authority to sign contracts.

First name	Last name	Email address	Pronouns	Contact title
------------	-----------	---------------	----------	---------------

Request Contact: Main point of contact for project's general grant administration

First name	Last name	Email address	Pronouns	Contact title
------------	-----------	---------------	----------	---------------

If your organization is not serving as the project's fiscal sponsor and main prime recipient of funds, please provide the information for the entity serving as the fiscal sponsor.

Fiscal sponsors are responsible for the execution of the grant and must meet eligibility guidelines for the grant. To qualify as a fiscal sponsor, an organization must be an established IRS 501(c)(3) tax-exempt organization that agrees to accept donations on behalf of a group that does not have IRS tax exemption.

Fiscal Sponsor Organization Name**Community Engagement**

Which area of long-term recovery would be your primary use for this funding. (Select all that apply) *

Select multiple

- Housing Recovery
- Other
- Small Business Recovery

Other: List other areas of long-term support here:

Is the organization based in or have a demonstrated affiliation or partnership and ongoing work in North Carolina? *

Select one

- No
- Other
- Yes, the organization has a demonstrated affiliation or partnership in North Carolina.
- Yes, the organization is based in North Carolina or has long-term, established office in Western North Carolina

Other: List other affiliation or partnership here

Please briefly describe your current work in Western North Carolina. If you are not based in North Carolina, please list any partners or affiliations in the region. Word limit 250

Briefly describe how the organization is or plans to be involved in long-term recovery in Western North Carolina? How might you use this funding to further that work? Word limit 250

Due Diligence

Please mark which of the following documentation you can provide, you do not need to provide any documentation at this time. (please select all that apply.)

Select multiple

- 990
- Current Audit or financials
- IRS letter
- List of Board/Staff
- MOU, as applicable
- W-9

Is there anything else you'd like to share with us at this time? Word limit: 250

By submitting this statement of interest to the Center for Disaster Philanthropy on behalf of the Executive Director/President of the organization named above, I, as the primary contact for this application, attest that all relevant staff and/or Board Members have reviewed this application and the information is accurate and complete

Electronic Signature *