



TRAILBLAZERS CLUB APPLICATION

This is an application for \$10,000 in funding to develop a Trailblazers Outdoor Club at your middle school, high school, or early college. In this application, you will detail the activities your proposed club will engage in and describe what outdoor skills club members will learn. Learn more at www.GoOutside@nc.gov/trailblazers/apply

HOW LONG IS THE APPLICATION PROCESS?

The application for club funding is open from January - April 12th. Please allow up to 4 weeks for applications to be reviewed.

HOW CAN I ACKNOWLEDGE THE COMMISSION?

We receive our funding from donations, as well as non-recurring state funds.

If your application is successful, you may wish to acknowledge the Commission's support. For example you might:

Mention us in your newsletter, website or magazine.

Share photos of your club activities on social media and tag us @GoOutsideNC and @NCOOutdoorTrailblazers

Acknowledge us at your official structure opening.

Approach local newspapers, radio stations about our support.

Logos can be downloaded from www.GoOutside@nc.gov

To clarify your grant eligibility or for more help, visit www.GoOutside.nc.gov or email GoOutside@nc.gov
This form is an application for funding from the North Carolina Youth Outdoor Engagement Commission.



CHECKLIST

PLEASE REVIEW THIS PAGE FIRST

Have you reviewed and understood our guidelines?

Ensure you have read our guidelines in full before submitting your application. Current guidelines can be viewed and downloaded from www.GoOutside@nc.gov/trailblazers/apply

Is your organization eligible?

To be eligible your organization must be a North Carolina middle/high school/early college.

Is your club request something we can fund?

We fund a wide range of outdoor-related expenses but cannot fund playground structures, beautification projects, and sports/gym equipment (with some exceptions). You can view the full list of expenses that we cannot fund in the Trailblazers Club Grants guidelines.

Have you attached cost evidence?

For field trips/visiting program entry/program fees, please provide quotes or ticket costs. Please note that we cannot provide additional funds to an existing grant once it has been awarded.

Have you answered every question and signed the application form?

If you're the person filling out this form, you must belong to or be employed by the applicant organization and have the authority to answer any questions we may have. Please note we cannot accept incomplete applications.

Are you submitting an accompanying application video?

Applicants may optionally submit a 2-minute video alongside their application form. The video may introduce the proposed club advisor and give a brief overview of the plans for the club. Choosing not to submit a video will not impact the outcome of your application.

Have you attached a completed Sub-W9 to your application?

Not to be confused with a W9. We require a Sub-W9 in order to pay out funds to grantees. If your organization/school has received a grant from us in the past two years, you do not need to attach your Sub W-9.

Do you understand that if your application changes, you must submit an Amendment Form?

Any alteration, before or after funding, such as a change in project timeline, location, equipment, or point of contact must be detailed in a Trailblazers Club Amendment Form and submitted to us for approval prior to funding being spent. Trailblazers Club Amendment Forms can be downloaded from www.GoOutside@nc.gov/trailblazers/apply

Do you understand that unapproved or improper use of funds, or if you have funds leftover, they must be returned to us?

Improper spending includes deviations from an approved grant application, or spending of funds without prior approval. Trailblazers Club grant funds are intended to be utilized throughout the school year. If funds are leftover, the club advisor can potentially request the use of unused funds for the club's activities in the next school. To do so, a club advisor must complete a Trailblazers Club Amendment Request and submit it to the Commission for approval. Otherwise, unspent grant funds must be returned to the Commission. Contact us or go to www.GoOutside@nc.gov to learn how to return unspent funds.

IF YOU'VE CHECKED ALL THE ABOVE, YOU'RE READY TO START!



TRAILBLAZERS CLUB APPLICATION

1. Full name of your school:

2. County:

2a. School district (if applicable):

3. Your school's address details:

Physical street address

City/town/zip

Mailing address (if different e.g. for a school district)

City/town/zip

Phone number

4. Main contact (Club advisor):

This is the lead person we'll contact if we have questions e.g. Teacher (if this individual changes please see our guidelines).

Name

Position/title

Email

Phone number

5. Administrative contact:

This is the school's administrator i.e. Principal

Name

Position/title

Email

Phone number

6. Financial contact:

This is the person responsible for reconciling audit e.g. Bookkeeper/Accountant

Name

Position/title

Email

Phone number

7. Please describe any prior experience you have leading a hschool club and/or outdoor activities (this will not affect the outcome of your application):

8. **Summary of first year club activities and club meeting/learning objectives. We encourage advisors to consider how to maximize the impact of the funding and sustain the club over the school year. Will purchasing equipment mean your club can take more field trips or do you have equipment but need to utilize funds for transport and entry fees? Consider this a draft, you do not have to have everything planned yet!**

Activities may include (but are not limited to) archery, backpacking, camping, canoeing, climbing, hiking, fishing, horseback riding, hunting, kayaking, rafting, shooting sports, swimming, wildlife watching

Club meeting/learning objectives may include things like learning about hiking safety principles or how to build a camp fire.

9. **How many students do you anticipate will sign up to the club?**

10. Give an overview of the equipment you would like to purchase:

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Total:

\$

11. Give an overview of the field trips that you plan to take in the Fall and Spring semesters - your plans do not have to be firm at this point!

e.g. Hiking/camping in Great Smoky Mountains National Park **\$1,200**

The \$1,200 will cover the cost of \$1,000 in bus travel and \$200 in campsite fees.

Total: \$

12. Additional comments (optional):

13. Has your organization/school received a grant from us in the past two years?

Yes | No

If you answered yes, you do not need to attach your organization/school's Sub W-9.

FINAL SIGN OFF

Note: Please ensure all questions have been answered, that you have reviewed our guidelines in full, and that your application is fully signed before submission. Please note we can only accept applications as digitally signed PDFs and hardcopies (or faxes of original hardcopies) - we cannot accept photocopies/photographs of applications.

- We confirm that any funds received as a result of this application will be used only for the purpose and quotes for which they were approved and that we will send copies of all invoices, receipts, and bank statements by the end of the school year, proving they have been paid. We will return any money we don't spend to the N.C. Youth Outdoor Engagement Commission (unless a Trailblazers Club Amendment for continued use of unspent funds has been approved - see Section 5: "Unspent Funds" of the Trailblazers Club Grant guidelines).
- We agree to comply with requests from staff of the N.C. Youth Outdoor Engagement Commission for further information regarding the receipt and use of funds.
- We confirm that we have reviewed the Trailblazers Club guidelines in full. Furthermore we agree to comply with all Trailblazers Club guidelines.

We declare that the information provided in this application is true and correct to the best of our knowledge and that we have the authority to make this application on behalf of our group:

Signature 1: Main contact (e.g. Teacher)

Date

Full name

Position/title

Signature 2: School administrator (i.e. Principal)

Date

Full name

Position/title

Signature 3: Financial contact (e.g. Bookkeeper/Accountant)

Date

Full name

Position/title

HAVE YOU COMPLETED EVERYTHING?

Please complete the checklist to ensure you have attached everything we need. Send your completed application and any attachments directly to:

EMAIL
GoOutside@nc.gov

FAX
919-707-0148

POSTAL
**N.C. Youth Outdoor Engagement Commission
1715 Mail Service Center
Raleigh, NC 27699**

**STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number**



NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

Section 1 – Taxpayer Identification	<p>*1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)</p> <p>*2.</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>		<p>Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.</p>	
	<p>*4. Legal Name (as registered with the IRS - see instructions):</p>		<p>3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	
	<p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</p>			
	Contact Information			
	<p>*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)</p>		<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p>	
	<p>*Address Line 1:</p>		<p>Address Line 1:</p>	
	<p>Address Line 2:</p>		<p>Address Line 2:</p>	
	<p>*City</p>	<p>*State</p>	<p>*Zip (9 digit)</p>	<p>City State Zip (9 digit)</p>
	<p>*County</p>		<p>County</p>	
	<p>*8. Contact Name:</p>			
	<p>*9. Phone Number:</p>			
	<p>10. Fax Number:</p>			
	<p>*11. Email Address:</p>			
	*12. Entity Type		*13. Entity Classification	14. Exemptions (see instructions)
<p>Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation</p> <p>Partnership Trust/Estate Other _____</p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>		<p>Medical Services</p> <p>Legal/Attorney Services</p> <p>NC Local Govt</p> <p>Federal Govt</p> <p>NC State Agency</p> <p>Other Govt</p> <p>Other (specify)</p>	<p>Exempt payee code (if any):</p> <hr/> <p>Exemption from FATCA reporting code (if any):</p>	
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined later in general instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):</p>				
<p>*Printed Name:</p>		<p>*Printed Title:</p>		
<p>*Authorized U.S. Signature:</p>		<p>* Date:</p>		

Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.

Return all completed forms to the State Agency from which you are requesting payment.

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

Specific Instructions

Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

2. Taxpayer Identification Number (TIN). Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. Unique Entity Identifier or DUNS Number. Suppliers are requested to enter their Unique Entity ID number or DUNS Number created in SAM.gov, if applicable.

4. Legal Name. Enter the legal name as registered with the IRS or Social Security Administration. For individuals, enter the name of the person who will do business with the State of NC as it appears on the Social Security Card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names. Do not enter a DBA or Disregarded Entity Name on this line.

5. Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address**.

7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.

8. Enter the **Contact Name**.

9. Enter your **Business Phone Number**.

10. Enter your **Fax Number**, if applicable.

11. Enter your **Email Address**.

For clarification on IRS Guidelines, see www.irs.gov.

12. Entity Type. Select the appropriate entity type.

13. Entity Classification. Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2 - The United States or any of its agencies or instrumentalities

3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities

4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities

5 - A corporation

6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7 - A futures commission merchant registered with the Commodity Futures Trading Commission

8 - A real estate investment trust

9 - An entity registered at all times during the tax year under the Investment Company Act of 1940

10- A common trust fund operated by a bank under section 584(a)

11 - A financial institution

12 - A middleman known in the investment community as a nominee or custodian

13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).