



TRAILBLAZERS

CLUB APPLICATION

This is an application for up to \$10,000 in funding to develop a Trailblazers Outdoor Club at your middle school, high school, or early college. In this application, you will outline the outdoor activities your proposed club will engage in and describe what outdoor skills club members will learn.

WHEN IS THE APPLICATION SUBMISSION PERIOD?

The application is open from January to April 12th, 2025. Applications received after this date will not be considered for review. If you need to make changes to an application you have already submitted, please contact us at GoOutside@nc.gov

WHO SHOULD COMPLETE THIS APPLICATION?

Any member of a school's faculty or administrative staff may complete this application, however, it is strongly encouraged that the intended club advisor complete and submit the application.

WHEN WILL I FIND OUT THE OF THE STATUS OF MY APPLICATION?

Once the application period closes, please allow up to 4 weeks for your application to be reviewed. Typically, you will be notified of the status of your application within 4 weeks of the application close date. Exceptions may occur for applications that require the submission of additional documentation or further review.

WHAT HAPPENS NEXT IF MY APPLICATION IS SUCCESSFUL?

If your application is successful, you will be asked to complete a club plan, on a form which will be made available to you. Your club plan will detail the field trips you intend to take, outdoor skills your members will develop, equipment purchases, and other costs associated with running your club.

CAN I SUBMIT SUPPORTING INFORMATION WITH THIS APPLICATION?

You are welcome to submit presentations, videos (ideally no more than 2 minutes in length), photos, testimonials, etc. with your application. However, this is not required and it will not negatively affect the review of your application if you choose not to submit supporting information.

To clarify your grant eligibility or for more help email GoOutside@nc.gov or call 919-707-4030
This form is an application for funding form the North Carolina Youth Outdoor Engagement Commission.



**NORTH CAROLINA
YOUTH OUTDOOR
ENGAGEMENT COMMISSION**

CHECKLIST

Have you reviewed and understood the guidelines?

Ensure you have read the program guidelines in full before submitting your application.

Is your school eligible?

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

Is the vision for your club inline with the program's expectations?

We anticipate that clubs will be open to all, that members will meet on a regular basis to learn outdoor skills and plan field trips, and that they will have opportunities to explore a range of different activities. If you are unsure whether your club vision is acceptable, please contact us at GoOutside@nc.gov

Is your application something we can fund?

We fund a wide range of outdoor-related activities, field trips, and equipment. Please refer to the guidelines for a list of activities that we do not fund. If you are unsure whether your planned activities are acceptable, please contact us at GoOutside@nc.gov

Have you attached cost evidence?

Cost evidence shows the breakdown of an expense e.g., a field trip quote or a shopping cart of equipment purchases.

It is not a requirement but it is strongly recommended you include cost evidence as it helps to give the review committee a clear idea of how you intend to use club funds.

Approximate costs are acceptable, as we understand that they may change from the time of your application submission or require further enquiry.

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.

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 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 timeline, location, costs, or point of contact must be detailed on an Amendment Form and submitted to us for approval prior to funding being spent. You can download an Amendment Form from www.GoOutside.nc.gov/trailblazers/portal/reporting

Do you understand that unapproved or improper use of funds requires that funds must be returned to us?

Improper spending includes deviations from an approved application/club plan, or spending of funds without prior approval.

APPLICANT INFO

1. School name:

2. County:

2a. School district (if applicable):

3. School address:

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 individual that will lead the club and be responsible for planning and reporting.

Name

Position/title

Email

Phone number

5. Administrative contact:

E.g. Principal

Name

Position/title

Email

Phone number

6. Financial contact:

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

Name

Position/title

Email

Phone number

7. 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.

8. Describe any experience you have leading school clubs or outdoor activities:

9. How many students do you anticipate will sign up for the club? (i.e. what level of student interest is there at your school in outdoor adventurous activities?)

CLUB SUMMARY

10. Summarize your proposed 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?

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.

11. Would you be interested in attending the annual Trailblazers Retreat?

Yes | No

The retreat is an annual opportunity for advisors to learn more about the program and network.

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 or hardcopies - we cannot accept photocopies/photographs of applications.

- We confirm that we have reviewed the Trailblazers Club guidelines in full and agree to its terms.
- We agree that any funds received as a result of this application will be used only for the purpose for which they were approved and that we will provide copies of all required financial reporting documentation proving that expenses have been paid as described and approved. Further, we agree to comply with any requests from the Commission for further information regarding expenses.
- We understand that if there is any change to club plans, e.g., activities, expenses, we must complete and submit an Amendment Form and have it approved by Commission staff before funds are spent.
- We understand that any unapproved or improper use of funds may require the school to return the funds in full. Further, we understand that if the school exits the program it must return any unspent funds.

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 (Club advisor)

Date

Full name

Position/title

Signature 2: Administrative contact (e.g. 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 complete application and all attachments to directly to:

EMAIL
GoOutside@nc.gov

FAX
919-707-0148

MAIL
**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="color: red; text-align: center;">(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="color: red; text-align: center;">(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 *State *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>	
<p style="text-align: center;">*12. Entity Type</p> <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 style="text-align: center;">*13. Entity Classification</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 style="text-align: center;">14. Exemptions (see instructions)</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>	

Section 2 - Certification

<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/>).