Alamance County
Outside Agency Funding Application

APPLICATION INSTRUCTIONS

Alamance County Outside Agency Funding is for agencies to request financial assistance from Alamance County for programs or resources that the County is unable to offer to residents of Alamance.

Please follow the instructions below for submitting an application:

1. Please include all required attachments.
2. Make sure the application is signed by all requested parties.
3. Please email the completed application, with the required attachments, to:

Susan Evans, Finance Officer
Susan.Evans@alamance-nc.com

Or mail to:

Alamance County
Attn: Susan Evans, Finance Officer
124 W. Elm Street
Graham, NC 27253

All sections of the application must be complete and all required attachments included in order to receive consideration.

Note: Failure to provide all requested information will automatically disqualify an agency for funding consideration. If an item requested does not apply to your agency, please indicate with an "N/A" and explain why it is not applicable.

Applications are due by 5:00 pm, Friday March 1, 2019.

If you have any questions regarding the application process or about any of the information requested, please contact:

Susan Evans, Finance Officer
Susan.Evans@alamance-nc.com
336-570-4026

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ORGANIZATION NAME: _____

ADDRESS: _____ **PHONE:** _____

EXECUTIVE DIRECTOR: _____ **EMAIL:** _____

CONTACT PERSON FOR GRANT: _____ **EMAIL:** _____

COUNTY FUNDING RECEIVED FOR FY 2018-19 _____

COUNTY FUNDING REQUESTED FOR FY 2019-20 _____

Please attach the following with your application.

If an item is not applicable to your organization, please indicate this by an "N/A" and explain why it is not applicable.

_____ Audited Financial Statement for 2018, Including Management Letter

_____ Board-approved budget for the current fiscal year (2018-2019)

_____ Proposed project or activity budget
(disclose how the funds requested will be specifically used for FY2019-20)

If a Not-For-Profit Agency, please provide these additional items:

_____ Copy of 501(c)3 Letter of Tax Exemption

_____ Copy of Form 990. Federal Tax return for 2018

_____ Copies of Articles of Incorporation and Bylaws (if applicable)

_____ Current Roster of Board Members, with terms specified

Failure to disclose all requested information will automatically disqualify an agency for funding consideration.

For questions, please contact Susan Evans at Susan.Evans@alamance-nc.com or 336-570-4026

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AGENCY INFORMATION

PLEASE PROVIDE YOUR AGENCY'S PURPOSE/MISSION STATEMENT

PLEASE LIST THE TYPES OF SERVICES/PROGRAMS YOUR AGENCY PROVIDES

FUNDING PURPOSE

IDENTIFY WHICH OF THE FOLLOWING PRIORITIES YOUR PROGRAM WILL SUPPORT

_____ **Public Health and Safety**: Providing services and resources that contribute to a safe and healthy community

_____ **Preserving Agriculture**: Supporting the local agricultural community in order to create a culture that values agriculture and the local farming community

_____ **Smart Growth and Development**: Invest in a plan for growth that strikes a balance between a thriving economy and an appreciation of natural and agricultural resources

_____ **World Class Education**: Encourage a prosperous community and individual success through educational opportunities

WHO IS YOUR TARGET POPULATION?

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FUNDING PURPOSE CONTINUED

PROVIDE A BRIEF NARRATIVE DESCRIPTION OF THE ANTICIPATED USES OF COUNTY FUNDS AND REASON NEEDED *(100 WORDS OR LESS)*

PERFORMANCE MEASURES

PLEASE INDICATE THE GOAL, INITIATIVE, MEASURE, AND TARGET FOR THE PROPOSED PROGRAM OR SERVICE.
ATTACH ADDITIONAL PERFORMANCE MEASURES IF NEEDED

Example

Program Objective: Improve the standards of living for citizens through educational opportunities

Goal	Initiative	Measure	Target
Increase test scores	Offer after school programs to participants	Number of participants served Test scores increase	100 participants 25% increase in test scores

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PERFORMANCE MEASURES CONTINUED

Program Objective:

Goals	Initiatives	Measures	Targets

Program Objective:

Goals	Initiatives	Measures	Targets

PERFORMANCE OUTCOMES

To assess the effectiveness of your program outcomes, please provide a summary of target goals and actual results of the County funded program for FY 2018-2019:

Goals	Outcomes	Actual	Target

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AGENCY AGREEMENT

_____ (agency name) agrees to the following guidelines:

a. That all audited financial statements are open to the public upon reasonable notice.

b. That the agency will obtain bids for capital outlay items funded with County dollars, and be able to provide adequate written documentation of such upon reasonable request.

c. That the agency will abide by all Federal, State and local laws and ordinances.

d. That the agency will use County funds only for the purpose for which the funds were appropriated.

e. That the agency will repay any funds that are in violation of the stated purpose for receiving the appropriation.

_____

Authorized Agency Official Date

_____

Chair to the Board Date