

# Application to Macon County's Community Funding Pool (CFP), 2008

**DEADLINE** is July 25, 5:00 PM (postmark or hand-deliver). Mailing addresses and drop-off sites in footer. NO faxes or e-mails accepted.

**INSTRUCTIONS:** Non-profit organizations applying for CFP funds must complete each section of this two-sided form, answering all questions in the space provided. While you may submit additional attachments to strengthen your proposal, the CFP task force recommendations are based mainly on information from this form. Requests are judged on the merit of the program or service, your organization's capacity to respond in a cost-effective way to a need in the community and to leverage resources, and the number and diversity of people served. Do not submit a cover letter. First-time applicants must contact Mary Ann Sloan or Karen Wallace to discuss their proposal before applying (contact information below at "Need help?"). Use 10-point or larger type (this is Arial Narrow 10). You may download this form at [www.maconnc.org](http://www.maconnc.org).

**Your application will not be considered without these attachments** (please number accordingly):

1. Most recently ended fiscal year's federal tax form 990 plus organization's budgets for fiscal years (1-a) 2007 and (1-b) 2008.
2. Statement of the organization's goals and objectives, and program(s) description. 2-a. Brochure if available.
3. Board/staff composition and/or organizational chart.
4. In the case of a fiscal agency arrangement, confirmation letter from the 501(c)(3) agency.
5. In the case of a collaborative proposal, letter of agreement signed by persons with fiscal responsibility for each collaborating agency.

*If you include other attachments, list them here:*

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**If your organization receives CFP funds, you must meet these requirements:**

Accountability: Adhere to the budget as outlined on this form and be prepared to document all project expenses.

Reporting: Submit a **mid-year update** on your organization's letterhead describing in general terms how the project is going, and a **final evaluation** with a detailed project description and an itemized income and expense report (final report form will be provided).

Special compliance provisions: CFP-funded agencies must comply with equal opportunity hiring and personnel practice, reasonable accommodation with all laws and regulations regarding the Americans with Disabilities Act, and other applicable laws.

**Need help?** Contact Karen Wallace, 524-3600, [kwallace@fontanilib.org](mailto:kwallace@fontanilib.org); or Mary Ann Sloan, 526-4280, [masloan@verizon.net](mailto:masloan@verizon.net).

## YOUR ORGANIZATION

Organization's legal name: \_\_\_\_\_

Contact person's name / title: \_\_\_\_\_

Organization mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year founded: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Mission statement: \_\_\_\_\_

If not a tax-exempt 501(c)(3), fiscal agent organization's name: \_\_\_\_\_

Fiscal agent's Federal ID # \_\_\_\_\_

If a collaborative effort, name of partner organization(s): \_\_\_\_\_

Partner organization's Federal ID# \_\_\_\_\_

**Certification:** *The information contained herein is true and complete to the best of my knowledge. I pledge that my organization will abide by the Community Funding Pool Team recommendations, and will not make a separate appeal to any member of the Macon County Board of Commissioners to request funding.*

Authorizing official's signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or hand-deliver to: CFP Task Force c/o Macon County Public Library, 819 Siler Road, Franklin, NC 28734  
CFP Task Force c/o Hudson Library, PO Box 430, Highlands, NC 28741  
CFP Task Force c/o Nantahala Community Library, 128 Nantahala School Road, Topton, NC 28781

Organization's name: \_\_\_\_\_

Project title: \_\_\_\_\_

**PROGRAM or SERVICE DESCRIPTION:** In this space describe how the requested funds will be spent, listing, 1) goals and objectives, 2) who will be served, and, 3) how this program or service will improve the general welfare or enhance the quality of life of Macon County residents:

<b><u>PROGRAM / SERVICE BUDGET</u></b>					
<u>INCOME SOURCES</u>	<u>Amount</u>	<u>EXPENSES</u>	<u>Amount</u>	<u>IN-KIND SOURCES</u>	<u>Amount</u>
CFP request					
Total project income		Total project expense		Total in-kind	

Organization's FY 2007 total income: \$ \_\_\_\_\_

Organization's FY 2007 total expense: \$ \_\_\_\_\_

Percentage of total expense that was spent in Macon County: \_\_\_\_\_

How many people will directly benefit from this program/service? \_\_\_\_\_

Have you received CFP funds in past years? \_\_\_\_\_

Most recent year / amount \_\_\_\_\_

If you receive other funding or in-kind service from Macon County, what is its nature and value?

If your CFP request will be used to leverage resources or match funds from other funding sources, list sources and amounts: