

Application to Macon County Community Funding Pool (CFP)
DEADLINE March 29, 2019, 5:00 PM (for FY2018-2019 funding)

YOUR ORGANIZATION

Organization's legal name: _____

Contact person's name / title: _____

Organization mailing address: _____

Telephone: _____ Cell phone: _____ 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# _____

PROGRAM / SERVICE BUDGET

<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 2017-18 total income: \$ _____ Organization FY 2017-18 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 received other funding or in-kind service from Macon County in the past fiscal year, what is it for and how much is it?

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

Organization's name: _____

Project title: _____

Project Category ___ arts/culture ___ education ___ environment ___ health ___ human service ___ other

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:

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 _____

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INSTRUCTIONS FOR COMPLETING CFP APPLICATION

Non-profit organizations applying for CFP funds must complete each section of the two-page application form, answering all questions ***in the space provided.*** CFP task force recommendations are based on information from the application form and required attachments. Submit optional attachments **ONLY** to expand on information entered on the application form.

First-time applicants should contact a CFP team member to discuss their proposal before applying.

CFP Contacts: Karen Wallace, 524-3600, kwallace@fontanalib.org

Bobbie Contino, 524-0956, arts4all@dnet.net

Your application **will not be considered without these attachments:**

- Organization's most recently ended fiscal year federal tax form 990, pages 1-4, or evidence of filing other 990 category form **AND** 501(c)(3) tax exempt letter
- Organization's 2017-18 income and expense statement **AND** 2018-19 operating budget
- Statement of organization's goals, objectives, and programs Brochure if available
- Board/staff composition and/or organizational chart

In the case of a fiscal agency arrangement:

- Confirmation letter from the 501(c)(3) agency

In the case of a collaborative proposal

- Letter of agreement signed by authorizing officials for each agency

Requests are judged on these criteria:

- The program or service addresses a valid need in Macon County.
- The project or service benefits Macon County residents in a meaningful way.
- The number and diversity of people served through the project or service.
- The organization's capacity to respond in a cost-effective way to a community need .
- The goals and objectives of the project or service are clear and realistic.
- The organization demonstrates its ability to leverage resources by receiving a CFP grant.

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 **final report** with a detailed project description and an itemized income and expense 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 all other applicable laws.

Completed applications may be mailed or hand-delivered to:

CFP Task Force c/o Macon County Public Library, 149 Siler Farm 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 Rd, Topton, NC 28781

End