



TRANSYLVANIA COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2019-2020

101 South Broad Street
 Brevard, NC 28712
 Phone: 884-3100 Fax: 884-3119

SECTION I			
ORGANIZATIONAL INFORMATION			
Organization Name			Chief Executive
Contact Person for Appropriation			Phone Number
Mailing Address			E-Mail
City	State	Zip	Fax Number
Tax-Exempt Status (Check only one)			Received County funding in last three years?
<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)()<-insert #	<input type="checkbox"/> 4947(a)(1) or 527	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Application			Amount of funding requested
<input type="checkbox"/> One-time Project	<input type="checkbox"/> Continuation	<input type="checkbox"/> Expansion	

SECTION II
SERVICE SUMMARY
Mission Statement Please provide the organization's Mission Statement and/or general organizational information.
Need Statement Identify the need your organization will address.

Target Population/Citizen Impact

Describe the target population that will be served with the requested funds. How many citizens will be directly impacted by the program funds.

Service Goals

How will this service address the need identified?

Funding Uses

How do you plan to use the requested funding? (for client services, personnel, operating expenses, capital, etc.)

Public Purpose

Explain how your program will expand or provide a complement to services that the County can legally provide or how you will provide these services in a more cost effective manner than government. Please identify what statutory authority the County has to fund this activity (please see Appendix B of the instructions.)

Partnerships

Describe the organization's relationship to County departments, if any. How does the organization coordinate its services with the County services?

Strategic Plan

Cite the goal and strategy your request will support and advance in the Transylvania County Strategic Plan.

SECTION III					
PERFORMANCE MEASUREMENT					
Key Activities					
What key activities will you provide to your customers in order to accomplish the service goal(s)?					
Service Outputs					
Example:	Target	Actual	Target	Actual	Target
Number of after school participants served	500	545	550	275	560
Outputs	FY 2018		FY 2019		FY 2020
	Target	Actual	Target	Actual	Target
Service Outcomes					
Please identify 3-4 measures to assess the effectiveness of your strategies, achievement of goals, efficiency of service delivery or improvement of service delivery.					
Example:	Target	Actual	Target	Actual	Target
Maintain passing test scores for after school participants	70%	68%	75%	76%	80%
Outcomes	FY 2018		FY 2019		FY 2020
	Target	Actual	Target	Actual	Target

SECTION IV			
BUDGET DETAILS			
Service Budget			
REVENUE	FY 2018	FY 2019	FY 2020
County Funding			
Municipal Funding			
United Way Funding			
Federal and State Funding			
Local Contributions			
Program Service Fees/Other			
Other (specify):			
Total Revenue	\$0.00	\$0.00	\$0.00
Percentage of Revenue Provided from County Funding (Note: Percentage will automatically calculate.)	#DIV/0!	#DIV/0!	#DIV/0!

EXPENSES	FY 2018	FY 2019	FY 2020
Salaries and Related Expenses			
Operating Expenses			
Direct Program Expenses			
Capital Expenses			
Other (specify):			
Total Expenses	\$0.00	\$0.00	\$0.00

Will any portion of the County funding be used to match grants? Yes No

Describe the impact on your organization, clients, and/or services if the requested program funds are not available.

Describe your strategy for funding in future years.

I have reviewed and am aware of the accountability requirements, list of partnership services and restrictions related to K-12 programs and capital projects. (Appendices A, B, C and D of the Instructions) Yes No

Fiscal Officer (Business Manager) Date

Executive Director (Program Manager) Date