

## TRANSYLVANIA COUNTY

## Community Center Grant Funding Grant 3 Application

Transylvania County Administration 101 South Broad Street Brevard, NC 28712

Fiscal Year 2024-2025

(community center name)		This application form is for:  Grant #3: Competitive Public Purpose Project (10%			
(community center <b>mailing address</b> )		match required)			
(city, state, zip code)					
(e-mail address)	(phone)				
		<u> </u>			
Community center grant funding is open only to those community centers recognized as nonprofits as evidenced by 501(c)(3) status with the IRS. Does the IRS recognize this community center as a 501(c)(3)?  yes  no  If yes, please provide the most recent end-of-year finance statements.  Each center must also be determined to have been 'active' in the public community during the 12 months before the application by meeting 4 of the 5 actions below. Check off each action that this center has met during the last 12 months and provide documentation of these actions:  Elected community center board officers  Board meetings, held at least quarterly, with minutes documented Six (6) events open to the public  Six (6) community center sections published in The Transylvania Times Maintain an up-to-date website, Facebook, or social media page					
*** Please provide professional quotes for services or documentation of items to be purchased with the submittal of the application*** Applications will not be considered without supporting documents.					

<del></del>					
Partnerships – Describe whether the project will create or support a relationship with a county department or					
other nonprofit agency:					
Describe your project's financing (include how the	10% matching fund	la will be provid	امما،		
Describe your project's infalicing (include now a	10 10% Illatulling rund	S WIII DE PLOVIA	ieu).		
Line Item	Transylvania	Com	munity	Total	
	County		nter	Cost	
	Grant Funds	In-kind	In-kind		
		Cash	Services		
Total Budget:					
Complete the chart below listing the goal(s) from t	he Transylvania Count	y Strategic Plan	that support the	e 'measurable	
outcome' (please see appendix A of the Policies an	d Flocedules lot leter	ences to the st.	rategie i ia <u>rry.</u>		
Measurable Outcome	d Frocedures for Teler	ences to the st		nia County	
			Transylva	nia County Plan Goal	
Measurable Outcome			Transylva	•	
Measurable Outcome (The results of the project that the center will us			Transylva		
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Applicant acknowledgment:				
We, the undersigned,				
end of the fiscal year and statement of operations for amount of public funds received and how those funds.  2) The nonprofit's most recently filed Internal Revenue Form 990-N submittal confirmation. A nonprofit may pursuant to 26 U.S.C. § 6104(d)(3). Alternatively, a number information on its website or if another entity posts.	ations from Local Governments", which requires a c funds within a fiscal year in grants, loans, or in-kind in written request from any member of the public: incial statements must include a balance sheet as of the port that year. They also must contain "details about the dis were used."  E Service (IRS) Form 990, Form 990-EZ or a copy of its y redact information not required for public disclosure comprofit may satisfy this requirement if it posts this the information as part of a database of similar the general public without charge. Also, if another entity			
<ul> <li>acknowledge all prior contracts and/or memorandums of Transylvania County are terminated.</li> </ul>	of understanding between this community center and			
<ul> <li>understand that rental or reimbursement for use of this community center as a polling place shall be a separate agreement with the Board of Elections.</li> </ul>				
<ul> <li>understand that receipt of county grant funding in any given year is not a guarantee of receiving funds in future years.</li> </ul>				
<ul> <li>understand that projects resulting from grant funding m minimum of 5 years.</li> </ul>	ust be maintained and kept available to the public for a			
(community center)	(application date)			
(type or print Board President's name)	(Board President's signature)			
(type or print Financial Officer's name)	(Financial Officer's signature			