



MACON COUNTY COMMUNITY FUNDING POOL (CFP)

FUNDING YEAR 2019 - 2020 APPLICATION

APPLICATION SUBMISSION DEADLINE: 5:00 P.M. NOVEMBER 15, 2019

Questions:

Karen Wallace – (828) 524-3600 or kwallace@fontanalib.org

Bobbie Contino – (828) 342-7872 or arts4all@dnet.net

ORGANIZATION INFORMATION

Organization's Legal Name
and DBA: _____

Primary Contact's Name
and Title: _____

Organization's Full Mailing
Address: _____

Primary Telephone: _____ Cell phone: _____ E-mail: _____

Year Founded: _____ Federal ID # _____

Mission Statement: _____

If Not a Tax-Exempt 501(c)(3), Fiscal Agent Organization's
Name and DBA: _____

Fiscal Agent's Federal ID # _____

If Collaborative Effort, Name(s) of Partner Organization(s): _____

Partner Organization's Federal ID# _____

Is this request project specific? Yes No

Is this request for operational support? Yes No

**Fill out this form using an ADOBE product
Then SAVE the form and attach to an Email to:**

kwallace@fontanalib.org

STANDARD ORGANIZATION BUDGET

ALL GENERAL OPERATING SUPPORT APPLICANTS MUST COMPLETE THIS FORM.
NO OTHER BUDGET FORMS WILL BE ACCEPTED.

Enter your organization's name here: _____
Provide your current fiscal year end date here (Month Date Year): _____
For your current fiscal year, please list projected income and budgeted expenses for your overall organization.

ORGANIZATIONAL INCOME

Source	Amount	Explanatory Notes - Please indicate whether items are pending, committed and/or restricted.
Government grants		
Foundations		
Corporations		
Individual donors		
Membership income		
Investment income		
Earned income		
Other (specify)		
Total Income		

ORGANIZATIONAL EXPENSES

Item	Amount	Explanatory Notes (Optional)
Salaries and wages		
<i>Number of paid staff (full-time)</i>		
<i>Number of paid staff (part-time)</i>		
Insurance, benefits, and payroll taxes		
Fees for services (non-employees)		
Advertising and promotion		
Office expenses		
Information technology		
Occupancy, including rent & utilities		
Travel		
Conferences, conventions & meetings		
Interest		
Depreciation, depletion & amortization		
Insurance		
Other (specify)		
Total Expenses		
Budgeted surplus (income minus expenses)		

PROGRAM/PROJECT BUDGET

**APPLICANTS SEEKING PROGRAM/PROJECT FUNDING MUST COMPLETE THIS FORM.
NO OTHER BUDGET FORMS WILL BE ACCEPTED.**

Enter your organization's name here: _____

Total Program/Project Amount: _____

Total Amount Requested:

Please enter the income and expenses related to the program/project for which you are requesting funding.

INCOME

Other Funding Source for this Program/Project Be specific, EXCEPT for individual donor names.

Status of Funding Pending or Committed?

Explanatory Notes (Optional)

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Item	Total Cost	Amount from this grant program	Explanatory Notes (optional)
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Certification: *The information contained herein is accurate and complete to the best of my knowledge. I pledge that my organization will abide by the CFP Committee's recommendations, and will not make a separate appeal to any member of the Macon County Board of Commissioners to request funding. Additionally, by completing this application you fully acknowledge on behalf of your organization that the CFP Committee's recommendation to the Board of Commissioners is ONLY a recommendation and NOT a guarantee that your organization will receive funding.*

Authorizing Official's Signature_____Date_____

Budget Narrative (describe how CFP funds will be spent for this project) 500 word limit

Has your organization received CFP funds in the past?

YESNO

Has your organization received other funding or in-kind service from Macon County in the past?

YESNO

In kind funding is defined as goods or services that do not appear in the organizations financial statements. This includes Volunteer hours, volunteer value, free or reduced leases, and general goods and services.

Does your organization receive any other in-kind good or services?

YESNO

If YES to either, please provide the most recent year funded or having received in-kind service, type of in-kind service, and amount of in-kind:

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

SOURCE	MATCH AMOUNT

CFP Funding Project Category:

☐ Arts/Culture

☐ Education

☐ Environment

☐ Health

☐ Human Services

☐ Other (Describe: _____)

THE FOLLOWING THREE QUESTIONS REQUIRE RESPONSES. GRANTS WITHOUT REQUIRED INFORMATION WILL NOT BE CONSIDERED

1.

WHAT POPULATION WILL THIS GRANT PROJECT SERVE?
(ELABORATE ON HOW PROJECT/SERVICE SPECIFICALLY ADDRESSES POPULATION DIVERSITY)

2. WHAT ARE THE GOALS/OBJECTIVS OF THIS GRANT PROJECT?

3. HOW WILL THIS PROJECT/SERVICES IMPROVE THE LIFE OF MACON COUNTY RESIDENTS?
(ELABORATE ON HOW BUDGETED LINE ITEMS ARE NEEDED TO ADDRESS THE PROJECT/SERVICE)

END APPLICATION

INSTRUCTIONS FOR COMPLETING MACON COUNTY COMMUNITY FUNDING POOL (CFP) APPLICATION

Non-profit organizations applying for CFP funds must complete each section of the six 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 one of the team members below to discuss their proposal before applying: Karen Wallace – (828) 524-3600 or kwallace@fontanalib.org
Bobbie Contino – (828) 342-7872 or 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 FY 20___ - 20___ income and expense statement **AND** ☐ 20___-20___ operational 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(s) of agreement signed by authorizing officials for each partner agency

Requests are judged on these criteria:

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

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

- Accountability - Adherence to the budget as outlined on this form and be prepared to document all project expenses;
- Reporting – Submission of a **final report** with a detailed project description and an itemized income and expense report (form will be provided); and
- 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 Committee c/o Macon County Public Library 149 Siler Farm Rd. Franklin, NC 28734
- CFP Committee c/o Hudson Library 554 Main St. Highlands, NC 28741
- CFP Committee c/o Nantahala Community Library 128 Nantahala School Rd. Topton, NC 28781

END INSTRUCTIONS