MACON COUNTY COMMUNITY FUNDING POOL (CFP)

FUNDING YEAR 2023-2024 APPLICATION



APPLICATION SUBMISSION DEADLINE: <u>5:00 P.M. FRIDAY, APRIL 26, 2024</u> APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE SCORED

Questions: Bobbie Contino – (828) 342-7872 or <u>arts4all@dnet.net</u>

ORGANIZATION INFORMAT	ΓΙΟΝ			
Organization's Legal Name and DBA:				
Primary Contact's Name and Title:				
Organization's Full Mailing Address:				
Primary Telephone:	Cel	I phone:	E-mail:	
Year Founded:	Fed	eral ID #		
Mission Statement:				
If Not a Tax-Exempt 50	1(c)(3), Fiscal Agent Organization's Name and DBA:			
	Fiscal Agent's Federal ID #			
If Collaborative Effort, N	Name(s) of Partner Organization(s):			
	Partner Organization's Federal ID#			
Is this request	project specific or operational sup	port (please check one)	? □Yes	□No

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.

Les your organization received CED funds in the past?				
Has your organization received CFP funds in the past?				
Has your organization received other funding or in-kind se	rvice from Ma	con County in the past?	□YES	□NO
If YES to either, please provide the most recent year funde amount of in-kind:	ed or having rea	ceived in-kind service, typ	e of in-kind ser	vice, and

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

SOURCE	MATCH AMOUNT

□ Human Services

)

CFP Funding Project Ca	tegory:			
□ Arts/Culture	Education	Environment	\Box Health	
□Other (Describe				

THE FOLLOWING THREE QUESTIONS REQUIRE RESPONSES. GRANTS WITHOUT REQUIRED INFORMATION <u>WILL NOT</u> BE CONSIDERED.

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

2. WHAT ARE THE GOALS/OBJECTIVES OF THIS PROJECT?



END APPLICATION

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

- Non-profit organizations applying for CFP funds must complete each section of the application form, answering all questions in the space provided. CFP committee recommendations are based on information from the application form and required attachments.
- IMPORTANT: The separate Program/Project Budget document MUST BE completed for application consideration.
- Submit optional attachments ONLY to expand on information entered on the application form.

Questions regarding the application process and/or first time applicants should contact the individual below their proposal before applying:

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

Your application <u>WILL NOT BE CONSIDERED</u> 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
- □ 501(c)(3) tax exempt letter
- □ Organization's FY 2021- 2022 income and expense statement
- □ Most recent full fiscal year's operational budget
- □ Program/Project budget
- □ Statement of organization's goals, objectives, and programming
- □ Program brochure (if available)
- Board / Staff composition and/or organizational chart
- \Box In the case of a <u>fiscal agency arrangement</u> a confirmation letter from the 501(c)(3) agency
- In the case of a <u>collaborative proposal</u> letter(s) of agreement signed by the 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;
- <u>Reporting</u> Submission of a final report with a detailed project description and an itemized income and expense report (form will be provided); and
- <u>Special Compliance Provisions</u>: 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