



MACON COUNTY COMMUNITY FUNDING POOL (CFP)

FUNDING YEAR 2019 - 2020 APPLICATION – ROUND 2

APPLICATION SUBMISSION DEADLINE: 5:00 P.M. FEBRUARY 13, 2020

ORGANIZATION INFORMATION

Organization's Legal Name / 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 / 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
(NOTE: if "Yes" is checked, organization AND program/project budget sheets on pages 2 and 3 must be completed)

Is this request for operational support? Yes No
(NOTE: if "Yes" is checked, only the organization budget sheet on page 2 needs to be completed)

Applications will be scored on the following criteria:

1. the program/project or service addresses a valid need in Macon County;
2. the program/project or service benefits Macon County residents in a meaningful way;
3. the number and diversity of people served through the program/project or service;
4. the organization's capacity to respond in a cost-effective way to meet a community need
5. the goals/objectives of the program/project or service are clear and realistic using S.M.A.R.T. formatting (goals/objectives that are specific, m measurable, achievable, relevant, and time-bound);
6. presentation of a complete, uninflated, cost-effective budget; and
7. proposed allocated funds used for resource leveraging and/or other fund matching

COMPLETE AND SAVE THIS FORM USING AN [ADOBE®](#) PRODUCT - EMAIL THE COMPLETED FORM TO:

kwallace@fontanalib.org

Has your organization received other funding or in-kind service from Macon County in the past? YES NO

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)

Non-profit organizations applying for CFP funds must complete each applicable section of the form, answering questions in the space provided. CFP funding 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

Applications **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 most recently ended income and expense statement **AND** current year's operational budget (**NOTE:** if the organizational budget shows a significant surplus **OR** deficit an explanation for either **MUST** be included in the budget narrative)
- Statement of organization's goals, objectives, and program brochures (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 proposa*l letter(s) of agreement signed by authorizing officials for each partner agency

Requests will be scored on these criteria:

1. Program or service addresses a valid need in Macon County;
2. Project or service benefits Macon County residents in a meaningful way;
3. Number and diversity of people served through the project or service;
4. Organization's capacity to respond in a cost-effective way to a community need;
5. Goal/objectives of the project or service are outlined using S.M.A.R.T. (specific, measurable, achievable, relevant, and time-bound) formatting; and
6. 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.

Email completed applications to:

kwallace@fontanalib.org

END INSTRUCTIONS