

The seal of Northampton County, North Carolina, is a circular emblem. It features a central figure of a plow, symbolizing agriculture. The text "NORTHAMPTON COUNTY" is written around the top inner edge, and "NORTH CAROLINA" is written around the bottom inner edge. The year "1741" is positioned above the plow. Below the plow, the words "North Carolina" are written in a smaller font, with "HIGH TRADITION" written below that in an even smaller font.

NORTHAMPTON
COUNTY
North Carolina

*Non-Profit Organization Funding
Request*

2023-2024



Nonprofit Funding Application FY 2023-2024

APPLICATION COVER SHEET

| | |
|--|------|
| Nonprofit Agency: | |
| Physical Address: | |
| Mailing Address: | |
| Location(s) where services will be provided: | |
| Phone: | Fax: |
| Agency website: | |
| Executive Director: | |
| Email address of director: | |
| Email address of primary contact for grant: | |
| Amount Requested: \$ | |

Applications may be submitted in person at
9467 NC Hwy 305, Jackson, NC 27845 or by mail at
Northampton County Manager's Office
Attn: Non-Profit Funding Application, PO Box 808, Jackson, NC 27845.



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1. What is the mission of your agency?

2. Explain how the programs and services of your agency do one or more of the following:

- Complement or enhance a current county service at a reduced cost
- Provide a service to the community through means that are more cost effective than the government
- Fill in gaps that may exist between government services and community needs
- Support the advancement of the county's mission, vision and/or strategic plan.

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3. What are your program goals and how will you measure your success (please use S.M.A.R.T. goals)?

Examples.

By the end of the summer program on August 1, at least 50 youth between the ages of 4 and 18 will have participated in academic, social and physical fitness enrichment at 15 out of 20 program days as evidenced by agendas and attendance logs per participant and sign-in sheet.

By June 30, 2024, a minimum of 30 senior citizen health and fitness sessions will have been offered serving a minimum of 100 attendees (can be duplicated) total, as evidenced by sign-in sheets, agendas and photos of activities.

Implementation - Describe the implementation plan and schedule of activities. Include a general timeline if possible. (200 words or less.)

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4. What do you propose to do with funding from Northampton County Government (Please provide sufficient detail)
5. . Any changes to budget and approved purpose and/or budget must be presented to the board of commissioners PRIOR to expending funds.

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7. Please complete the following to reflect your income and expenses from your Income Statements, if necessary, change or add line descriptions to fit your needs. *(If you have another completed revenue/expenditures report, please submit it to ensure that it satisfies that needed information before submitting your completed funding request.)*

| AGENCY REVENUES | Amount Funding 2020-2021 <small>(If agency was in existence during 2020-2021)</small> | Amount Funded 2021-2022 <small>(If agency was in existence during 2021-2022)</small> | Proposed Funding 2023-2024 |
|--|--|---|----------------------------------|
| Northampton County | \$ | \$ | \$ |
| Government Fees & Grants (Specify Agency) | | | |
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| Contributions – Sponsor Fees | | | |
| Special Events | | | |
| Membership Dues | | | |
| Program Service Fees/Revenues | | | |
| Sales of Materials | | | |
| Investment Income | | | |
| Miscellaneous | | | |
| Transfers from Restricted/Endowed Funds | | | |
| REVENUE TOTAL | \$ | \$ | \$ |
| | | | |
| AGENCY EXPENDITURES | | | |
| Salaries | \$ | \$ | \$ |
| Employee Benefits | | | |
| Payroll Taxes | | | |
| Professional Fees: | | | |
| Program Related Consultants | | | |
| Other Consultants | | | |
| Legal Fees | | | |
| Accounting Expenses | | | |
| Supplies | | | |
| Telephone | | | |
| Postage/Shipping | | | |
| Rent | | | |
| Rental/Maintenance of Equipment | | | |

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| | | | |
|--|-----------|-----------|-----------|
| Printing & Publications | | | |
| Travel & Transportation | | | |
| Conferences/Conventions/Meetings | | | |
| Assistance to Individuals (Fees/Awards/Grants) | | | |
| Membership Dues | | | |
| Interest Expense | | | |
| Insurance | | | |
| Payments to Affiliated/National Organizations | | | |
| Miscellaneous | | | |
| TOTAL EXPENSES | \$ | \$ | \$ |

8. Describe the population served by your nonprofit: Where are they located?

9. How many individuals were served by your agency? Individuals should be counted as if they participate in no more than one agency program.

2020-2021 program year

2021-2022 program year

2023-2024 program year (projected)

10. Describe your strategy for funding after this grant, June 30, 2024 (repeat funding is not guaranteed):

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11. What other agencies (if any) provide services similar to your agency? How do you coordinate service delivery with those agencies? A letter of support and signature on grant must be submitted to ensure the avoidance of duplicated services and alignment of agency goals.

12. **Attach a copy of the agency's IRS tax-exempt letter stating 501c3 non-profit status.**

13. **Attach a copy of the agency's most recent financial audit.**

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Certification

Financial Recordkeeping: Grantee agrees to furnish financial records to Northampton County at the request of the County.

Program Monitoring: Each nonprofit agency awarded funds is required to submit an end of the budget year program report. This report will detail how the County funds were spent and what progress was made toward the goals stated in your funding application.

By signing below, we acknowledge that the information contained in this application is accurate. We understand that if awarded funding, we will comply with the financial and program data described above.

Executive Director: _____
Print Name Signature Date

Board Chair: _____
Print Name Signature Date

Primary Grant Contact

Print Name Signature Date

County Agency's Directors/Superintendent signature where similar services are provided or similar service participants. (Multiple signature spaces provided if applicable)

Agency Print Name Signature Date

Agency Print Name Signature Date

Agency Print Name Signature Date

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