

City of Sanford

Non-Profit Application



Local Non-Profit Agencies who carry out a public purpose may apply to the City of Sanford for funding assistance. Decisions on funding lie within the discretion of the City Council and within funds available. Eligibility: Agencies applying for funding shall be tax exempt 501(c)(3) organizations and must have been in operation for at least two (2) years prior to the request for the assistance. The organization must submit a completed application request for funding with supporting information as requested. Funds shall only be appropriated for public purposes. Please note: the annual review of grant requests is performed during annual budget process. However, the City Council has discretion to approve through-out the fiscal year.

PART I: AGENCY INFORMATION

Agency Name:	
Director or Application Contact:	
Address:	
Telephone:	
Email:	
Legal Status:	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Community Association <input type="checkbox"/> Other (explain): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
501 ©3 OR Federal ID #	
Amount of City Funds Requested	\$
Application Annual Deadline	February 15 th for upcoming fiscal year

PART II: PROGRAM INFORMATION

- A. Describe the overall public purpose your agency meets (Please limit your response using only the space provided below)

- B. Provide the following information about your clients based on the date of your application.
- a. Residence of Clients serviced or to be served (number, approximate is fine)

Location	# Clients Serviced
City of Sanford	
Lee County (outside any city limits)	
Total	

- C. Provide a name and address listing of your agency's Board of Directors with their dates of appointment and length of term to be served as **ATTACHMENT 1**
- D. Identify the goals you specifically seek to accomplish with the requested funds and how this will help you achieve your organizational goals. (Please limit your response using only the space provided below)

- E. Describe the impact city funds would have on your organization. (Please limit your response using only the space provided below)

F. Describe the impact the city funds will have on the quality of life for the citizens of the City of Sanford and Lee County residents. (Please limit your response using only the space provided below)

G. Program Attachments: Please in a copy of the aforementioned attachments, also specified below

PROGRAM DOCUMENTS REQUESTED	ATTACHMENT #
Name and address listing of Board of Directors	Attachment 1

PART III: FINANCIAL INFORMATION

A. List your agency's principal sources of funding including corresponding percentages of Budget:

Funding Source	Amount (\$)	% of Annual Budget
<input type="checkbox"/>		
<input type="checkbox"/> Grant Monies		
<input type="checkbox"/> State of N.C.		
<input type="checkbox"/> Other Sources		

B. Provide the following budget expense information in percentages for the current year:

Budget Expense	% of Annual Budget
Salaries and Fringe Benefits	
Operating Expenses	

- C. Financial Attachments: Please include a copy of the follow financial documents as attachments with the corresponding attachment number

FINANCIAL DOCUMENTS REQUESTED	ATTACHMENT #
Agency's budget for the current year	Attachment 2
Agency's most recent independent audit report	Attachment 3
Prior year IRS Tax Return/ Form 990	Attachment 4
Balance Sheet including an explanation for any reserves held by the organization	Attachment 5
Last 12 months Profit and Loss Statement	Attachment 6
Certificate authenticating non-profit status	Attachment 7
Multi-year plan to achieve financial stability	Attachment 8

PART V. CERTIFICATION

As the chief executive officer of this agency, or his/her designee, I certify that the above information is true and complete to the best of my knowledge and belief. I further **certify** that any funds received in response to this grant application will be used for the purposes for which they were requested and that the representative organization will comply with the procedures and requirements set forth in this application. Further, I certify that I understand the above stated rules, regulations and definitions as they pertain to the location and operation of this program and assume full responsibility for screening and determining whether each individual resident is harmful to himself/herself or to others. I further agree that any donated funds, not used for their specified purpose, must be returned to the City of Sanford, NC.

 CEO/Executive Director or Designee Name (Print) Date

 CEO/Executive Director or Designee Name (Signature) Date

 Applicant Name (Print) Date

 Applicant Name (Signature) Date

Completed application packets can be returned by mail, email, or fax to the following:

Mail To:
City of Sanford
ATTN: City Clerk
P.O. Box 3729
Sanford, NC 27331-3729

Email To:
Bonnie Davis
bonnie.davis@sanfordnc.net
919-777-1111

Fax To:
City of Sanford
ATTN: Bonnie Davis
919-775-8205

APPLICATION SUBMISSION CHECKLIST:

The application and attachments must be received by 5:00 P.M. on February 15th for the upcoming fiscal year.

- Completed Application
- Attachment 1 – List of Board Members: Include addresses, dates of appointment and length of term to be served
- Attachment 2 – Accessibility of program: ADA, Transportation, Language (Translation), Hours
- Attachment 3 – Current Budget
- Attachment 4 – Most Recent independent audit
- Attachment 5 – Copy of prior year IRS Tax Return/Form 990
- Attachment 6 – Balance Sheet including an explanation for any reserves held by the organization
- Attachment 7 – Last 12 months Profit and Loss Statement
- Attachment 8 – Certificate authenticating non-profit status
- Attachment 9 – Multi-year plan to achieve financial stability

Date Received: _____

Reviewed by: _____
Financial Services Director or Designee

Date: _____

Approved By: _____
Rebecca Salmon, Mayor

Date: _____