

Granville County

Fiscal Year 2024-2025 APPLICATION FOR OUTSIDE AGENCY FUNDS

Return this form and supporting documents by 5 pm Friday, February 16, 2024. See Section IV: Submission Instructions on page 3.

Agency Name			
Address		au ta	
Mailing Address (if different)	Street Address	City/State	Zip
	Street Address	City/State	Zip
Submitted by			
Email Address			
Funding Receive	d from Granville County in Fisc	al Year 2023-2024 \$	
Amount of Fund	ing Requested, Fiscal Year 202		
	equested for fiscal year 2024-20 rvice expansion form (attached	-	year amount, you
Agency Contact (Print)		
Agency Contact S	Signature		
	Phone		
	Granville County	Finance Department Use C	Only
Date Re	ceived by Granville County		

I. NARRATIVE SECTION 1. Describe the mission and/or programs of your organization. 2. How will the funds be used to help the agency accomplish its mission? Describe the community need(s) the agency will address with this County funding. 4. Estimated number of Granville County residents served 5. Identify the geographic area(s) served below. 6. List any other funding sources received by your agency.

II. REQUIRED DOCUMENTATION

Submissions should be provided in electronic format, if at all possible. If the items cannot be provided, attach a brief statement of explanation.

- 1. Resolution authorizing submission of this funding request by the Board of Directors.
- 2. List of Agency Board of Directors, permanent staff members, and key volunteers.
- 3. Most recent independent audit of the agency. If your agency/organization is not audited, please provide a copy of the latest year-end financial report.
- 4. Documentation showing that the agency/organization's finance officer/treasurer is bonded at an amount *not less than two times the funding level requested*.
- 5. Agency's IRS tax status determination letter.
- 6. A completed IRS Form W-9 (if agency has not previously received funding).

III. FUNDING REQUESTS

A. Continuation Requests

Agencies that have previously received funding and are not requesting additional funding in this fiscal year, should send their request to the contacts listed below by February 16, 2024. To be considered for funding, the request must include the required documentation identified in Section II; Incomplete requests that do not include the required documentation will not be considered.

B. Service Expansions

If your organization was <u>not</u> a funded agency in the County's Fiscal Year 2023-2024 budget *or* you were funded and are requesting funds in excess of the previous funding level, the request must be submitted as a service expansion (see Addendum A).

IV. SUBMISSION INSTRUCTIONS

A. Acceptable Format

Funding applications and supporting documentation should be submitted electronically via email, accessible via shared file format (SharePoint, Google Docs, etc.), or delivered via USB drive.

Direct communications via email or shared file format to the following County contacts:

Steve McNally, Finance Director Korena Weichel, Deputy County Manager steve.mcnally@granvillecounty.org korena.weichel@granvillecounty.org

Please list the name of your organization followed by the words *FY25 Funding Request* in the subject line (Ex: "XYZ Non-Profit FY25 Funding Request").

B. Hard Copy Submissions

Printed requests will only be accepted on a limited basis where electronic submission is not feasible. Any attachments submitted with your request (other than your audit or financial statement) may be photocopied for inclusion with the budget workbooks. Permanently bound documents submitted with your request will not be included.

If you need to mail these attachments, send to:

Granville County Administration Attn: Korena Weichel PO Box 906 Oxford, NC 27565

For questions regarding the outside agency funding request process, call County Finance Director Steve McNally at (919) 603-1301.

ADDENDUM A



Outside Agency Funding SERVICE EXPANSION REQUEST

If your organization was <u>not</u> a funded agency in the County's Fiscal Year 2023-2024 budget *or* you were funded and are requesting funds in excess of the previous funding level, the request must be submitted as a service expansion using this form. All requests are due by February 16, 2024.

Name of Agency/Organization:				
Did your agency receive funding in Fiscal Year 2023-2024?	Yes	No		
If yes, provide the level of funding received. \$				
Provide a brief summary of your request in the space provided. should be attached to further explain and support the request.	Additional	documentation		
Total Amount of this Service Expansion \$				
Total of Fiscal Year 2024-2025 Funding Requested \$				