

**TOWN OF WINTERVILLE**

**NON-TOWN AGENCY**

**GRANT APPLICATION**

*Note: Please complete the requested information on the forms that have been provided. If additional space is needed, attachments are acceptable. All information must be typewritten and copied single-sided*.

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| --- | --- | --- |
| 1. Agency Name: Click here to enter text. | 2. Tax ID #, Bank Account#, and  Name/Address of Bank will be required if grant awarded.  Click here to enter text. | |
| 3. Mailing Address: Click here to enter text. | | |
| 4. Street Address: Click here to enter text. | | |
| 5. Primary Contact Person:  Click here to enter text.  Secondary Contact Person:  Click here to enter text. | | 6. Primary Contact Email Address:  Click here to enter text.  Secondary Contact Email Address:  Click here to enter text. |
| 7. Primary Contact Phone:  Click here to enter text.  Secondary Contact Phone:  Click here to enter text. | | 8: Primary Contact Cellular Phone:  Click here to enter text.  Secondary Contact Cellular Phone:  Click here to enter text. |
| 9. Date of Application:Click here to enter a date. | | 10. Fax: Click here to enter text. |
| 11. Board of Directors, if any, including names, positions held and contact information:  Click here to enter text. | | |
| 12. Amount of Town funds requested: Click here to enter text.  13. Has your agency received Town of Winterville funds within the past three (3) years; and if so, how much was received? Click here to enter text. | | |
| 14. Is this a one‑time request for funds; and if not, what future funding requests are  anticipated?Click here to enter text. | | |
| 15. Briefly describe how you will use the grant funds:  Click here to enter text. | | |
| 16. How will you measure the effect of this grant funding on clients, services and/or the community?  Click here to enter text. | | |
| 17. How many clients/citizens will be directly impacted by these program funds? (Numerical count) Click here to enter text. | | |
| 18. How many of the clients/citizens served are residents of the Town of Winterville?  Click here to enter text.  19. What will be the impact on your agency, clients, or services if these program funds are not received?  Click here to enter text. | | |
| 20. I certify that I will be able to execute and fully comply with the requirements of the Town grant agreement if selected to receive this grant. (Reference: "Instructions for N-TA applications," #2.Click here to enter text. | | |
| 21. Mission Statement and General Agency Overview:  Click here to enter text. | | |
| 22. How do you coordinate the services provided by your agency with Town, County and  other agencies? Specify what the relationship is and the agency (or agencies) involved.  Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 23. Expenditure Details: | Prior Year | Current Year | New Year |
| Personnel Services |  |  |  |
| Supplies |  |  |  |
| Services |  |  |  |
| Capital Outlay |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |
| # of positions (FTE) |  |  |  |
| 24. Revenue Source: | Prior Year | Current Year | New Year |
| Non‑Town Revenue |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town Funds |  |  |  |

**NON-TOWN AGENCY INSTRUCTIONS**

**GRANT APPLICATION**

1. Name of agency as reflected on official documentation.

2. The Tax ID # and bank account information are required if grant is awarded. Please be prepared to provide this information if a grant is awarded: tax-exempt documentation (if applicable), banking information, and any pertinent budgetary documents. Your grant will not be made if the requested information is not provided.

3. Mailing address within Pitt County (or other location where official correspondence should be addressed).

4. Street address of the agency.

5. Self‑explanatory.

6. Self‑explanatory.

7. Local phone number during 8:00 a.m. to 5:00 p.m.

8. Mobile phone number including area code.

9. Date application is being submitted to the Town of Winterville.

10. Self‑explanatory.

11. An agency Governing Board is desired. All pertinent information must be included in the application to receive consideration.

12. The amount of money you are requesting for a specific purpose described in the application. *Note: The distribution of grant funds will be processed on an annual basis by the Town after approval of the Town Council. A letter requested the disbursement of grant funds must be submitted to the Town Manager’s office once the annual budget has been adopted and the new fiscal year has begun (July 1).*

13. Self‑explanatory.

14. Funding new agencies will be used for start‑up purposes only. Subsequent requests for funding must be clearly justified through the application process.

15. Self‑explanatory.

16. Describe objectives or other measurable ways to verify the effectiveness of your program should grant funding be approved.

17. Number of people benefiting from the use of these funds during the period July 1st through June 30th.

18. Self‑explanatory.

19. Self‑explanatory.

20. In a paragraph or less, please share your Agency Mission Statement. Also, please give a brief overview of your agency (types of services provided, your target population, history, etc.).

21. Self‑explanatory. As a general rule, funding will only be considered for nonprofit agencies within Pitt County.

22. If this agency has received funds from the Town of Winterville in the past two years please complete the expenditure and revenue history as well as the expenditure and revenue information requested for the new year.

**Personnel Services** ‑ Amount expended, budgeted, and/or requested for salaries and fringe benefits.

**Supplies** ‑ Amount for printing (office supplies, books, publications, medical supplies, drugs, small equipment items, less than $500, and wearing apparel).

**Services** ‑ Amount for professional services (consultants), medical services (MD's), travel, training, rent, etc.

**Capital Outlay** ‑ Amount for tangible items costing $500 or more.

**Other** ‑ Amount for patient transportation, other client related costs.

23. List other sources of revenue that have been requested to support the program. NOTE: Please identify all grant applications and state their dollar amounts.

**NON-TOWN AGENCY FUNDING ASSURANCE AFFIDAVIT**

I, , Executive Director/President of

(NAME OF AGENCY/ORGANIZATION) do hereby make the following ASSURANCES to the Town of Winterville:

* **The agency/organization is a legal entity under Federal and State laws and is authorized to provide services proposed for financial assistance from the Town;**
* **The agency/organization is providing a service for citizens within the Town service limits of the Town of Winterville;**
* **The agency/organization will establish safeguards to forestall the appearance of or actual conflicts of interest or personal gain;**
* **The agency/organization will comply with applicable program/project services standards, contracts, and regulations for any programs/project services assisted by the Town;**
* **The agency/organization will comply with Federal and State laws and regulations related to financial and compliance action and will submit a comprehensive report to the Town by March 31st of the fiscal year;**
* **The agency/organization will submit promptly to the Town any information requested related to any program/project services assisted by the Town;**
* **All Town funding shall be utilized strictly for the operation, maintenance and capital needs of each agency/organization as set forth in their respective proposals. Any item acquired using the Town funds by agency/organization shall become property of the agency/organization when applicable. In the event that an agency/organization decides to dispose of property acquired with any Town funds owned by the agency/organization, then other agencies/organizations will be given first opportunity to acquire the surplus property. In any event, proceeds obtained from sale of surplus property acquired with any Town funds shall be used only for the execution of any programs/project services provided by said agency/organization; and**
* **If the agency/organization dissolves or discontinues the programs/project services provided for in the application for funding, agency/organization must give 30 (thirty) day**s**' notice to the Town of intent to dissolve/discontinue funding and the Town reserves the right to recoup or withhold any further payments to said agency/organization.**

I understand any certify that all ASSURANCES have been made and will be adhered to in order for the (NAME OF AGENCY/ORGANIZATION) to receive Town funding.

Name of Executive Director/President Date