

Town of Williamston
Application for Nonprofit Agency Support Funds

Fiscal Year 2024/2025

**MAIL OR DELIVER COMPLETED APPLICATION &
ATTACHMENTS TO:**

**Town Administrator
Town of Williamston
PO Box 506
102 East Main Street
Williamston, NC 27892**

Eligibility Criteria:

1. **Geographic Area Served:** While the Agency is not required to maintain its headquarters or a location in the Town of Williamston, the agency must serve Town of Williamston residents.
2. **Not-for-Profit & 501c3 Status:** Town grant funds may be awarded only to not-for-profit organizations with federal 501c3 status, excluding government entities, including but not limited to public and/or private schools, colleges or universities, churches and religious institutions promoting a particular faith. To ensure current tax-exempt status, the organization's IRS Form 990 from the most recently completed fiscal year will be reviewed. Individuals are not eligible to apply directly for funding.
3. **Agency Experience:** Qualified applicants must have at least two years of recent experience in the delivery of nonprofit services.
4. **One Year Program Service Delivery:** Only projects or programs that have been established and providing services for at least one year will be considered.
5. **Request Amounts:** Request must not exceed 25 percent of the agency's total actual operating expenses for the last completed fiscal year. Additionally, requests must not exceed 50 percent of the total project budget.
6. **Fiscal Responsibility:** Must have an adequate financial management system in place to maintain effective control and accountability over all funds, property, and other assets covered by this proposal. Must be able to produce sufficient backup documentation for costs of the project and files for review and audit by the Town if requested. Audited financial statements will be required for all funding requests exceeding \$25,000.00.

Ineligible Expenses

The following expenses cannot be covered with Town funds:

- Administrative/ Operational Expenses- These costs include administrative staff, rent/ mortgage, utilities, insurance, furnishings/ equipment, depreciation, audit, communications (telephone, internet, IT support), that are not directly related to program/ project delivery.
- Annual fund or capital campaign fundraisers
- Endowments
- Political purposes or lobbying
- Loans or reimbursements
- Re-granting to another organization

Application

Agency Name:

Physical Address:

Mailing Address:

Phone:

Email:

Fax:

Agency website:

Mission Statement and Brief Description of Organization (50 Words or Less):

Executive Director:

Email:

Amount Requested:

Please answer all of the following questions. (Attach additional sheets, if necessary, not exceeding five (5), double-spaced, typed pages.)

1. **Provide a brief description of your program or proposal.**
2. **Select what category your application falls under and explain how your project or proposal meets a public need.**
 - a. **Category 1: Your proposal meets a public need of the residents of Williamston that is not addressed by the Town of Williamston.**
 - b. **Category 2: Your proposal supplements a service already provided by the Town of Williamston or implements an identified goal established by the Town Board of Commissioners.**

2. What community need of the citizens of the Town of Williamston is the agency addressing in this request? (Please include a brief needs assessment, collected data or cite other relevant statistics, public policy statement or other information, which demonstrates the need the program addresses.)

3. Please include a budget or breakdown of how the funds requested will be used to help the agency address the public need identified above within the Town of Williamston. In this breakdown, please include:

A. The number of persons to be served by the program and the percentage of those who are Town of Williamston residents;

B. The Geographical area served by the requesting agency;

C. Other funding sources and amounts of funding received (or requested) in connection with this project or proposal for the current fiscal year;

D. History (past two years) of all agency funding sources. Indicate if public or private. If funds provided by Town, please provide detailed description of the use of funds.

E. Detail the history or capacity of your agency to execute the project or proposal requested to be funding;

5. Required to be attached to this application:

A. A list of the Board of Directors and permanent staff members;

B. A copy of the 501(c)(3) nonprofit status determination letter from the IRS; and

C. Under \$20,000 – Statement of Revenues and Expenses and Balance Sheet (compilation prepared by CPA). Periodic review of internal controls every two years;

D. \$20,000 and greater – Audited Financial Statements prepared by an Independent CPA for the most recent fiscal year prior to the application.

a. IF THE AGENCY AUDIT IS NOT COMPLETE, PLEASE INDICATE WHEN THE AUDIT WILL BE SUBMITTED. UNDER NO CIRCUMSTANCES WILL THE CITY DISTRIBUTE FUNDS WITHOUT AN AUDIT INDICATING THE AGENCY IS IN GOOD FINANCIAL HEALTH.

By submitting this application for Town funding, the AGENCY agrees to the following express conditions in the event funding is awarded:

- a. That all audited financial statements are open to the public upon reasonable notice.
- b. That the agency will obtain bids for capital outlay items funded with Town dollars and be able to provide adequate written documentation of such upon reasonable request.
- c. That the agency will abide by all Federal, State and local laws and ordinances.
- d. That the agency will use Town funds only for the purpose for which the funds were appropriated.
- e. That the agency will submit an end of program/project report for each year funds are received, detailing how and for what purpose the funds were used in accordance with the agency's approved application for funding, using a format and by the deadline established by the Town.
- f. That the agency will repay any Town funds that are used in violation of the stated public purpose for receiving the appropriation or otherwise in violation of federal, state or local law.

Authorized Agency Official

Date

Mayor

Date

After completing the application, please print and sign where required. Mail one original and one copy of the completed application and the attached required documents to the mailing address listed on the cover page.