

**Guilford County, North Carolina
Community Based Organization
Grant Application for FY 2009-2010 (7/1/09-6/30/10)**

Note: Please type the requested information on the form provided. Please provide 5 originals of this application, copied single-sided.

1. Agency Name: _____

2. Tax ID # _____

3. Yes ___ No ___ Is your business a corporation?
If yes, please list your President and Corporate Secretary.

4. Yes ___ No ___ Is your business a L.L.C.?
If yes, please list the managing director.

5. Mailing Address: _____

6. Street Address with Directions: _____

7. Contact Person _____

8. Email Address: _____

9. Phone: _____

10. Mobile Phone: _____

11. Date of Application: _____

12. Fax Number: _____

13. Amount of County Funds/property or other support (specify) requested:

14. Has your agency received Guilford County funds/property within the past
three years?

15. Is this a one-time request for funds or property?

16. Briefly describe how you will specifically use the county support:

17. How will you measure the effect of this financial or property appropriation on clients,
services and/or community?

18. How many clients/ citizens will be directly impacted by this allocation? (Numerical Count)_____

19. Describe the impact on your agency, clients, or services if Guilford County support is not received?

20. Provide the Mission Statement and General Agency Overview:

21. How do you coordinate the services rendered by your non profit agency with other agencies in the county? Specify what the relationship is and the agency (or agencies) involved.

22. Detail the performance measures completed over the last (2) years:

Performance Measures developed for this fiscal year:

23. Expenditure Details: Prior Year 07-08 Current Year 08-09 Upcoming Year 09-10

| |
|--------------------|
| Personnel Services |
| Supplies |
| Services |
| Capital Outlay |
| Other |
| |
| Total |
| |
| #Positions: |
| |

| | | | |
|-----------------------|------------|--------------|---------------|
| 24. Revenue Source: | Prior Year | Current Year | Upcoming Year |
| Non-County Revenue | | | |
| | | | |
| Guilford County Funds | | | |

25. Checklist of Required documents: (Please attach to Application)

- Copy of 501-C
- Current annual certified audit
- Current Roster of Board Members, with terms specified

26. I certify that I will be able to execute and fully comply with the requirements of the Guilford County Grant Application if selected to receive this assistance. (Reference: "Instructions for CBO applications", #2)

Please affix signature.

(Application without original signature will not be considered.)

Instructions
Community Based Organization
Grant Application

1. Name of agency as reflected on 501-C documentation.
2. **The Tax ID # is required.** Please attach a copy of these documents to your application: tax-exempt documentation, current annual certified audit, management letter and current Board Member Roster. **Your application will not be considered if the packet is incomplete.**
3. Self-explanatory.
4. Self-explanatory.
5. Mailing address within Guilford County.
(Only Guilford County based nonprofits will be considered)
6. Street address with directions to the agency.
7. List the individual who can offer clarification.
8. Self-explanatory.
9. Local office phone number answered 8:00am to 5:00 pm daily.
10. Mobile phone number including area code.
11. Date application submitted to Guilford County.
12. Self-explanatory.
13. The amount of money or property you are requesting for a specific purpose described in the application. **Note: reimbursement of funded expenditures will be processed on a quarterly basis by the County after submission and approval of expenditure and performance reports. Sales tax will not be reimbursed and should not be included in the funding request. All requests for payment will be pre-audited and approved by the Internal Audit Department.**
14. If yes, offer description.
15. Funding for new agencies will be used for start-up purposes only. In subsequent years the agency will be reduced 1/3 for three years. (Under the adopted process, the County cannot fund an agency for longer than three years, unless the agency enhances a County program or fills a gap in existing services as determined by the appropriate department).
16. Provide all pertinent data.
17. Describe objectives or other measurable ways to verify your effectiveness should this financial or property appropriation be approved.
18. Number of people benefiting from this allocation during the period 7/01/09 through 06/30/10.
19. Provide sufficient details.
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. List collaborating relationships with other organizations. Funding will only be considered for nonprofit agencies residing within Guilford County.

22. Please list tangible outcome measures developed for this program. (If this agency has received funds from Guilford County in the past two years, please list tangible outcome measures accomplished for each year as well as outcome measures developed for the new year).

Note: An announced, onsite monitoring visit may be made to your program.

23. If this agency has received funds from Guilford County 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 that \$500, and wearing apparel.

Services- Amount for professional services (consultants), physician services, travel, training, rent, etc.

Capital Outlay- Amount for tangible items costing \$500 or more.

Other- Amount for patient transportation, other client related costs.

24. List other sources of revenue that have been requested to support the program.

Note: Please identify all grant applications and state their dollar amounts.

25. Provide one copy of these documents with the application.

26. **Original signature is required.** Faxed or scanned signatures are unacceptable.

Return completed application by Monday, March 16th, 2009 at 5:00pm.

**Hand Delivery: Office of the County Manager, 2nd Floor
301 West Market Street
Greensboro, NC 27401**

**Mailing Instructions: Office of the County Manager
Attn: Beverly Williams
P.O. Box 3427
Greensboro, NC 27402**

Direct questions to:

Office of the County Manager: (336) 641-3383

**For Internal Use Only:
Date Received by Guilford County: _____**