



TRANSYLVANIA
COUNTY
 NORTH CAROLINA

101 South Broad Street
 Brevard, NC 28712
 Phone: 884-3100 Fax: 884-3119

TRANSYLVANIA COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2023-2024

SECTION I

ORGANIZATIONAL INFORMATION

Organization Name			Chief Executive
Mailing Address			Phone Number
Contact Person for Appropriation			E-Mail
Contact Person for Contract Signature			E-Mail
City	State	Zip	Fax Number
Tax-Exempt Status (Check only one)			Received County funding in last three years?
<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)()<-insert #	<input type="checkbox"/> 4947(a)(1) or 527	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Application			Amount of funding requested
<input type="checkbox"/> One-time Project	<input type="checkbox"/> Continuation	<input type="checkbox"/> Expansion	

SECTION II

SERVICE SUMMARY

1. Mission Statement

Please provide the organization's Mission Statement and/or general organizational information.

2. Funding Uses

How do you plan to use the requested funding? (for client services, personnel, operating expenses, capital, etc.)

3. Need Statement and Service Goals

What are the identified needs and how will this service address those needs?

4. Target Population/Citizen Impact

Describe the target population that will be served with the requested funds. How many citizens will be directly impacted by the program funds.

5. Public Purpose

Explain how your program will expand or provide a complement to services that the County can legally provide or how you will provide these services in a more cost effective manner than government. Please identify what statutory authority the County has to fund this activity (please see Appendix B of the instructions.)

6. Partnerships

Describe the organization's relationship to County departments, if any. How does the organization coordinate its services with the County services?

7. Strategic Plan

[Cite the goal and strategy your request will support and advance in the Transylvania County Strategic Plan.](#)

SECTION III

PERFORMANCE MEASUREMENT

Key Activities

What key activities will you provide to your customers in order to accomplish the service goal(s) highlighted in statement number 3 above?

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Service Outcomes

Since you will not have actual numbers for FY 22 you may either use projected data or actual data as of the submission of this application. Please note your method in the box below.

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Outcomes	FY 2022		FY 2023		FY 2024
	Target	Actual	Target	Actual	Target

SECTION IV

BUDGET DETAILS

Service Budget

REVENUE	FY 2022	FY 2023	FY 2024
Funds Received/Requested from Transylvania County			
Total Revenue	\$0.00	\$0.00	\$0.00
Percentage of Revenue Provided from County Funding (Note: Percentage will automatically calculate.)	#DIV/0!	#DIV/0!	#DIV/0!

EXPENSES	FY 2022	FY 2023	FY 2024
Salaries and Related Expenses			
Operating Expenses			
Direct Program Expenses			
Capital Expenses			
Repairs/Restoration/Federal Grant			
Other (specify):			
Total Expenses	\$0.00	\$0.00	\$0.00
Will any portion of the County funding be used to match grants?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I have reviewed and am aware of the accountability requirements, list of partnership services and restrictions related to K-12 programs and capital projects. (Appendices A, B, C and D of the Instructions)			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Fiscal Officer (Business Manager)

Date

Executive Director (Program Manager)

Date