

# **FY 2017-2018**

## **Outside Agency Funding Application**

### **HUMAN SERVICES**

- **ORANGE COUNTY**
- **TOWN OF CARRBORO**
- **TOWN OF CHAPEL HILL**

**Orange County (OC)**  
200 S. Cameron Street  
Hillsborough, NC 27278



**Town of Carrboro (CA)**  
301 W. Main Street  
Carrboro, NC 27510



**Town of Chapel Hill (CH)**  
405 Martin Luther King, Jr. Blvd.  
Chapel Hill, NC 27514



## INFORMATION

Each year, Orange County Government, the Town of Carrboro and the Town of Chapel Hill invite program funding requests from non-profit providers that support the delivery of vital community services.

The application process is very competitive and not all applicants will be awarded funding. Recommendations for funding may be for an award amount less than that requested by the applicant.

Agencies that are currently receiving funds from Orange County, the Town of Carrboro, or the Town of Chapel Hill local governments, and are also applying for new funds, must be in compliance with all terms of their current agreement(s) and must not have any outstanding audit findings, monitoring findings or concerns as determined by the municipality.

Recipients are required to submit written progress reports on their [SMART Measures](#) that include: goals, description of activities/challenges, revisions of timelines/budgets, and other relevant information

Funded projects will be monitored for progress and performance, financial and administrative management, and compliance with the terms of Performance/Development Agreement(s). Monitoring may involve site and/or office visit(s).

Once applications are received, they are reviewed by staff for completeness and eligibility. The applications are presented to a specific application review group, depending on the funding source. The review group will make a recommendation, based on available funding and the priorities identified by the participating jurisdiction. The recommendation is presented to the appropriate Board/Council for consideration and approval. The Board/Council approves/adopts the final allocations.

## TIMELINE

|                                        |                                                                       |
|----------------------------------------|-----------------------------------------------------------------------|
| <b>November 15</b>                     | <b>Funding Application Posted on Websites</b>                         |
| <b>November 29</b>                     | <b>Funding Application Workshop Held</b>                              |
| <b>October 18-January 23</b>           | <b>Agency Prepares Application</b>                                    |
| <b>January 10</b><br><b>January 31</b> | <b>Q&amp;A Session Held</b><br><b>Application Submissions are Due</b> |
| <b>March - May</b>                     | <b>Application Review &amp; Agency Presentations</b>                  |
| <b>June</b>                            | <b>Agency Funding Approval by Board/Council</b>                       |
| <b>July</b>                            | <b>Contracts Executed &amp; Programs Begin</b>                        |

## SUBMITTAL INFORMATION

Welcome to the Outside Agency Common Funding application for local/general funds, which will be distributed through this competitive application process. **All entities or organizations requesting funds must complete and submit this application prior to the deadline to be considered for FY 2017-2018 funding.**

The Application Submittal Deadline is: **Tuesday, January 31, 2017 5:00 PM**

In the event of inclement weather, check the website for each Town/County you are applying to, for further instructions.

Please note that late, handwritten, or incomplete applications will not be accepted. (Applications not signed by the Chair or President of the Board of Directors, are considered incomplete.)

An application orientation workshop will tentatively be held on **Tuesday, November 29, 2016 at 9 AM to Noon** to review the application and submittal requirements.

## SUBMITTAL REQUIREMENTS FOR EACH MUNICIPALITY

### Human Services– Town Of Carrboro

Applications are accepted once a year and reviewed by the Town's Human Services Advisory Commission, which makes a recommendation for funding to the Board of Aldermen for final approval.

For more information about the Town of Carrboro Human Services program, see [here](#).

Questions and submittals should be directed to:

**Annette Stone,**  
**301 W. Main Street**  
**Carrboro, NC 27510**  
919-918-7319  
[astone@townofcarrboro.org](mailto:astone@townofcarrboro.org)

#### Submission:

- We strongly encourage applications to be single-spaced, with 12-point arial font and normal margins.
- Application: **One (1) original plus Two (2) paper copies of the application must be hand delivered or mailed to Annette Stone, 301 West Main Street, Carrboro, NC 27510; AND**
- One Application and Attachments files must be submitted by email. Any .pdf files must be accompanied by the original file format of .doc, .xls, etc.

## Human Services – Town Of Chapel Hill

In 1982, the Town established local funding to support local nonprofit organizations that carry out human service work throughout the community.

Applications are accepted once a year and reviewed by the Town's Human Services Advisory Board, which makes a recommendation for funding to the Town Council for final approval.

For more information about the Town of Chapel Hill Human Services program, see [here](#).

Questions and submittals should be directed to:

**Jackie Thompson**  
**405 Martin Luther King Jr. Blvd.**  
**Chapel Hill, NC 27514**  
919-969-5081  
[jthompson@townofchapelhill.org](mailto:jthompson@townofchapelhill.org)

Submission:

- We strongly encourage applications to be single-spaced, with 12-point arial font and normal margins.
- Application: **Two (2) paper copies of the application with ORIGINAL signatures must be hand delivered or mailed to Jackie Thompson, 405 Martin Luther King, Jr. Blvd., Chapel Hill, NC 27514; AND**
- Attachments: The application submittal must be accompanied by a flash drive with **the application and all attachment** files in electronic format. Any .pdf files must be accompanied by the original file format of .doc, .xls, etc.

## Human Services– Orange County

For more information about the Orange County Human Services program, see [here](#).

Questions and submittals should be directed to:

**Allen Coleman**  
**PO Box 8181**  
**Hillsborough, NC 27278**  
(919) 245-2151  
[acoleman@orangecountync.gov](mailto:acoleman@orangecountync.gov)

Submission:

- **Email application and ALL Attachments prior to the deadline.** Any .pdf files must be accompanied by the original file format of .doc, .xls, etc. Please request a delivery receipt of email with application and attachments.

Agency \_\_\_\_\_

Program(s) \_\_\_\_\_

FOR OFFICE USE ONLY

Received By \_\_\_\_\_

Date/Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

| Section                                                                                 | Subsection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Cover Page                                                                           | a. <input type="checkbox"/> Applicant Contact Information<br>b. <input type="checkbox"/> Funding Requests<br>c. <input type="checkbox"/> Signed Application Cover Page<br>d. <input type="checkbox"/> Signed Disclosure of Conflicts of Interest and Clause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. Agency Information                                                                   | a. <input type="checkbox"/> Agency's Years in operation<br>b. <input type="checkbox"/> Agency's Purpose/Mission<br>c. <input type="checkbox"/> Agency's Types of Services Provided<br>d. <input type="checkbox"/> Agency's Experience with Programs<br>e. <input type="checkbox"/> Other Pertinent Agency Information<br>f. <input type="checkbox"/> Schedule of Positions<br>g. <input type="checkbox"/> Living Wage<br>h. <input type="checkbox"/> Agency Budget                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Program Information<br><br>A separate Section 3 is required for <u>each</u> program. | a. <input type="checkbox"/> Human Services Needs Priority<br>b. <input type="checkbox"/> Type of Program<br>c. <input type="checkbox"/> Agency Collaboration<br>d. <input type="checkbox"/> Summary of Program<br>e. <input type="checkbox"/> Description of Identified Need<br>f. <input type="checkbox"/> Description of Population to be Served<br>g. <input type="checkbox"/> Program Staffing, Capacity, & Expertise<br>h. <input type="checkbox"/> Program Implementation Timeline<br>i. <input type="checkbox"/> Value of Investment<br>j. <input type="checkbox"/> Impact of Reduced/No Allocation<br>k. <input type="checkbox"/> Other Pertinent Information<br>l. <input type="checkbox"/> Target Population/Beneficiary Chart<br>m. <input type="checkbox"/> Work Statement<br>n. <input type="checkbox"/> Program Budget, Detail, & Cost per Individual |
| 4. Attachments                                                                          | a. <input type="checkbox"/> Audit: Organizations receiving \$300,000 or more in Federal financial assistance, and/or organizations with more than \$500,000 of receipts and expenditures in a fiscal year, must secure an audit.<br>b. <input type="checkbox"/> IRS Federal Form 990<br>c. <input type="checkbox"/> NC Solicitation License<br>d. <input type="checkbox"/> IRS Federal Tax-Exemption Letter<br>e. <input type="checkbox"/> Certificate of Insurance<br>f. <input type="checkbox"/> List of Board of Directors<br>g. <input type="checkbox"/> Solid Waste Program Fee (SWPF) Verification                                                                                                                                                                                                                                                            |

## 1. COVER PAGE

### a) Applicant Contact Information

Applicant Organization's Legal Name: \_\_\_\_\_

Applicant Organization's Physical Address: \_\_\_\_\_

Applicant Organization's Mailing Address: \_\_\_\_\_

Applicant Organization's Web Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

### b) Funding Request

List all FY17-18 Human Services (HS) Funding Being Requested –  
For All Programs and the Proposed Use of Funds (2-3 lines or less)

| <u>Program</u>                                                                                                             | <u>Carrboro<br/>- HS</u> | <u>Chapel<br/>Hill - HS</u> | <u>Orange<br/>County-HS</u> | <u>Total</u> |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|-----------------------------|--------------|
| Ex. Youth Afterschool Program<br>Afterschool Program Coordinator salary and materials<br>for youth activities and projects | \$10,000                 | \$15,000                    | \$5,000                     | \$30,000     |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
|                                                                                                                            |                          |                             |                             |              |
| <b>Totals</b>                                                                                                              |                          |                             |                             |              |

- c) To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: \_\_\_\_\_  
Executive Director

\_\_\_\_\_ Date

Signature: \_\_\_\_\_  
Board Chairperson

\_\_\_\_\_ Date

**d) DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST AND NON DISCRIMINATION  
CLAUSE**

Are any of the Board Members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates...

**YES NO**

- ☐ ☐ a) Employees of or closely related to employees of the Town of Carrboro, the Town of Chapel Hill, or Orange County?
- ☐ ☐ b) Members of or closely related to members of the governing bodies of the Town of Carrboro, the Town of Chapel Hill, or Orange County?
- ☐ ☐ c) Current beneficiaries of the program for which funds are being requested?
- ☐ ☐ d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, **please provide a full explanation below.**

**NON-DISCRIMINATION**

Provider agrees as part of consideration of the granting of funds by funding agencies to the parties hereto for themselves, their agents, officials, employees and servants agree not to discriminate in any manner of these basis of race, color, gender, national origin, age, handicap, religion, sexual orientation, gender identity/expression, familial status or veterans status with reference to any activities carried out by the grantee, no matter how remote. The parties hereto further agree in all respects to conform to the provision and intent of Orange County Civil Rights Ordinance, as amended and the Orange County Anti-discrimination Policy. This provision is enforced by action for specific performance, injunctive relief, or other remedy as by law provided; this provision shall be binding on the grantees, the successors and assigns of the parties hereto with reference to the above subject manner.

**To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.**

**Signature:** \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**Signature:** \_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

## 2. AGENCY INFORMATION (Be Very Brief and Concise)

Please provide the following information about your agency (2 pages OR LESS):

- a) Years in Operation, Date of Incorporation (*Month/Year*): \_\_\_\_\_
- b) Agency's Purpose/Mission (*no more than a few sentences*): \_\_\_\_\_
- c) Types of Services the Agency Provides (*bullet format*): \_\_\_\_\_
- d) Agency's History with Providing These Services: \_\_\_\_\_
- e) Other Pertinent Agency Information (*Ex. Has the agency experienced any major changes in the past year? Is there a new Executive Director? Are there new initiatives?*) \_\_\_\_\_
- f) Schedule of Positions (*For Entire Agency*)
- Full Time Equivalent (FTE) staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
  - Calculate a Full Time Equivalent for all recorded volunteer hours using the following:  
$$\frac{\text{Total Volunteer Hours}}{2,080} = \text{Volunteer FTE}$$
- # of FTE - Full-Time Paid Positions: \_\_\_\_\_
- # of FTE - Paid Part-Time Positions: \_\_\_\_\_
- # of Volunteers: \_\_\_\_\_ # of FTE - Volunteers: \_\_\_\_\_
- g) Living Wage
- Does this agency pay permanent employees a minimum living wage? (Yes / No) \_\_\_\_\_
- If yes, is this agency an Orange County Living Wage Certified Employer? \_\_\_\_\_
- If no, please explain.

i. Is your agency currently receiving and/or requesting other (non-Human Services) local (Town of Carrboro, Town of Chapel Hill, Orange County) government funding? (Yes/No) \_\_\_\_\_

*Include **all** programs that have funding requests/awards/totals from **Carrboro, Chapel Hill, and Orange County** governments (other than Human Services). DO NOT include federal funding sources, such as CDBG and HOME.*

[illegible]

ii. **Submit your agency's budget.** You may complete the provided template (separate xls file) or you may submit your own budget file (as long as it contains the same information, and in a similar format, as requested in the provided template).

- Revenues
  - Private Donations
  - Program Generated Revenue
  - Local Government Grants
    - Carrboro Human Services
    - Carrboro Other
    - Chapel Hill Human Services
    - Chapel Hill Other (DO NOT include CDBG funding here)

- Orange County Human Services
    - Orange County Other (DO NOT Include HOME funding here)
  - Other Government Grants
    - Triangle United Way
    - State Government
    - Federal Government (CDBG/HOME/etc.)
    - Private Foundation Grants
  - Other Revenue
- Expenditures
  - Compensation
  - Rent & Utilities
  - Supplies & Equipment
  - Travel & Training
  - Other Expenses

iii. **Does your agency budget show a Surplus or Deficit?** \_\_\_\_\_

**Is there a significant change? Yes/No** \_\_\_\_\_

Please provide a brief explanation for Surplus or Deficit, and significant changes.

iv. **What is your agency's fiscal year?** \_\_\_\_\_  
 (Example: July 1, 2016 through June 30, 2017)

### 3. PROGRAM INFORMATION (Submit a separate Section 3 for each program)

Program Name: \_\_\_\_\_

Program Primary Contact and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

a) Indicate the type of Human Service Needs Priority, if program applicable:

- ☐ **Priority Area #1:** safety-net services for disadvantaged residents
- ☐ **Priority Area #2:** education, mentorship, and afterschool programming for youth facing a variety of challenges
- ☐ **Priority Area #3:** programs aimed at improving health and nutrition of needy residents

b) Indicate the type of program for which you are requesting funding  
(Check all that apply to this program)

| Program Category      | Youth | Adult | Elderly | Disabled | Public Housing<br>Neighborhoods/Residents |
|-----------------------|-------|-------|---------|----------|-------------------------------------------|
| Affordable Housing    |       |       |         |          |                                           |
| Affordable Healthcare |       |       |         |          |                                           |
| Education             |       |       |         |          |                                           |
| Family Resources      |       |       |         |          |                                           |
| Jobs/Jobs Training    |       |       |         |          |                                           |
| Food                  |       |       |         |          |                                           |
| Transportation        |       |       |         |          |                                           |
| Other: Please specify |       |       |         |          |                                           |

c) Provide a bulleted list of other agencies, if any, with which your agency coordinates/collaborates to accomplish or enhance the Projected Results in the Program(s) to be funded. For each, briefly describe the coordinated/collaborative efforts.

#### Program Description (3 pages OR LESS)

Please provide the following information about the proposed program:

- d) Summarize the program services proposed and how the program will address a Town/County priority/goal?
- e) Describe the community need or problem to be addressed in relation to the [Chapel Hill Human Services Needs Assessment](#), [Orange County BOCC Goals and Priorities](#), [Town of Chapel Hill Council Goals](#), [Carrboro Board Priorities](#), or other community priorities (i.e. Council/Board Goals). Reference local data (using the provided links, i.e. Chapel Hill Human Services Needs Assessment) to support the need for this program.

- f)** Who is your target population of individuals to benefit from this program and how will they be identified and connected with the program?
- g)** Describe the credentials of the program manager and other key staff. *(Ex. Identify Program Manager and credentials, describe training provided to volunteers, etc.)*
- h)** Describe the specific period over which the activities will be carried out and include an implementation timeline.
- i)** Why is funding this program a good investment for the community? How does funding this program add value to the community? (250 words OR LESS)
- j)** Describe what would happen if requested funding is not awarded at all or if a reduced allocation is recommended.
- k)** Include any other pertinent information.

## Additional Program Information

### I) Target Population

Complete the following tables, with **numbers** (not percentages) of individuals served and to be served, to the best of your ability,

| Program Target Population Demographics     |                   |                      |                      |
|--------------------------------------------|-------------------|----------------------|----------------------|
|                                            | Actual<br>2015-16 | Estimated<br>2016-17 | Projected<br>2017-18 |
| <b>Gender</b>                              |                   |                      |                      |
| Male                                       |                   |                      |                      |
| Female                                     |                   |                      |                      |
| <b>Total</b>                               | 0                 | 0                    | 0                    |
| <b>Ethnicity</b>                           |                   |                      |                      |
| African-American                           |                   |                      |                      |
| American Indian or Alaska Native           |                   |                      |                      |
| Asian                                      |                   |                      |                      |
| Caucasian                                  |                   |                      |                      |
| Native Hawaiian or other Pacific Islander  |                   |                      |                      |
| Other: specify _____                       |                   |                      |                      |
| <b>Total</b>                               | 0                 | 0                    | 0                    |
| Of the above, how many Hispanic/Latino     |                   |                      |                      |
| Of the above, how many non-Hispanic/Latino |                   |                      |                      |
| <b>Total</b>                               | 0                 | 0                    | 0                    |
| <b>Age</b>                                 |                   |                      |                      |
| 0-5 years                                  |                   |                      |                      |
| 6-18 years                                 |                   |                      |                      |
| 19-50 years                                |                   |                      |                      |
| 51+ years                                  |                   |                      |                      |
| <b>Total</b>                               | 0                 | 0                    | 0                    |
| <b>Geographic Location</b>                 |                   |                      |                      |
| Alamance County                            |                   |                      |                      |
| Chatham County                             |                   |                      |                      |
| Durham County                              |                   |                      |                      |
| Wake County                                |                   |                      |                      |
| <b>Orange County Breakdown</b>             |                   |                      |                      |
| Chapel Hill Public Housing                 |                   |                      |                      |
| Town of Chapel Hill (Non-Public Housing)   |                   |                      |                      |
| Town of Carrboro                           |                   |                      |                      |
| Town of Hillsborough                       |                   |                      |                      |
| City of Mebane (Orange County)             |                   |                      |                      |
| Orange County (Outside Municipalities)     |                   |                      |                      |
| <b>Total</b>                               | 0                 | 0                    | 0                    |

## Work Statement

m) Complete the Work Statement Chart to describe the work to be performed.

*This chart is used to document program activities, program goals, performance measures, and actual results. (Add more rows as needed) If this is a new program, you will only document the projected information. Every program is required to have AT LEAST 1 Program Activity, which should be SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound. Click on [SMART Goals](#) to learn more.*

- **Program Activities** should outline major activities the agency implements to accomplish its program goals. (i.e. *Deliver meals to elderly/disabled residents.*)
- **Program Goal** should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish. (i.e. *Deliver 100 meals per day, Monday-Friday.*)
- **Performance Measures** describe how you will evaluate the degree in which you achieved the stated goals. (i.e. *Will track the number of meals delivered each day.*)
- **Actual Program Results** use program results to indicate the actual measureable achievement of goals. If goals were not met, please explain. (i.e. *Delivered an average of 105 meals per day.*)

### Work Statement Chart for Program \_\_\_\_\_

|                                       |  |
|---------------------------------------|--|
| <b>1. Program Activity Name</b>       |  |
| <b>Program Goal</b>                   |  |
| <b>Performance Measures</b>           |  |
| <b>Previous Year Program Results</b>  |  |
| <b>Current Year Estimated Results</b> |  |
| <b>Next Year Projected Results</b>    |  |
|                                       |  |
| <b>2. Program Activity Name</b>       |  |
| <b>Program Goal</b>                   |  |
| <b>Performance Measures</b>           |  |
| <b>Previous Year Program Results</b>  |  |
| <b>Current Year Estimated Results</b> |  |
| <b>Next Year Projected Results</b>    |  |
|                                       |  |
| <b>3. Program Activity Name</b>       |  |
| <b>Program Goal</b>                   |  |
| <b>Performance Measures</b>           |  |
| <b>Previous Year Program Results</b>  |  |
| <b>Current Year Estimated Results</b> |  |
| <b>Next Year Projected Results</b>    |  |
|                                       |  |
| <b>4. Program Activity Name</b>       |  |
| <b>Program Goal</b>                   |  |
| <b>Performance Measures</b>           |  |
| <b>Previous Year Program Results</b>  |  |
| <b>Current Year Estimated Results</b> |  |
| <b>Next Year Projected Results</b>    |  |

## n) Program Budget

1. **Submit your program budget.** You may complete the provided template (separate xls file) or you may submit your own budget file (as long as it contains the same information, in the same format, as requested in the provided template).

**Program Budgets are required to define budget amounts for the previous program year, current program year, and next program year for the following categories:**

- Revenues
  - Private Donations
  - Program Generated Revenue
  - Local Government Grants
    - Carrboro Human Services
    - Carrboro Other
    - Chapel Hill Human Services
    - Chapel Hill Other (DO NOT include CDBG funding here)
    - Orange County Human Services
    - Orange County Other (DO NOT Include HOME funding here)
  - Other Government Grants
    - Triangle United Way
    - State Government
    - Federal Government (CDBG/HOME/etc.)
    - Private Foundation Grants
  - Other Revenue
- Expenditures
  - Compensation
  - Rent & Utilities
  - Supplies & Equipment
  - Travel & Training
  - Other Expenses

2. **Program Budget Detail – Provide description of “other” budget items, not defined.**

3. **This program budget represents what percent of the agency budget? \_\_\_\_%**

4. **COST PER INDIVIDUAL**

This Cost per Individual must reflect the total program budget divided by the total number of program individuals in this application.

|                               | Actual 2015-16 | Estimated 2016-17 | Projected 2017-18 |
|-------------------------------|----------------|-------------------|-------------------|
| <b>Total Cost of Program</b>  |                |                   |                   |
| <b>Total # of Individuals</b> |                |                   |                   |
| <b>Cost Per Individual</b>    |                |                   |                   |

## 4. ATTACHMENTS

### Description of Required Attachments

#### **a) Financial Audit**

A recent financial audit that should cover **CY 2015**, for calendar year agencies, and **FY 2015-16**, for fiscal year agencies. For agencies with prior year revenues totaling \$500,000 or more a financial audit, prepared by a certified public accountant is required. Agencies with prior year revenues of less than \$500,000 may submit a completed [Schedule of Receipts and Expenditures](#) form (see application materials), in lieu of an audit/report. Agencies with a certified audit/report should not complete the form.

#### **b) IRS Federal Form 990**

A copy of the agency's 2014 Form 990 is required. The specific form depends upon the agency's financial activity. Review the [IRS' table guide](#), for more details. For Form 990-N (e-postcard) filers, include a copy of the postcard, with the agency's application materials.

#### **c) NC Solicitation License**

A copy of the agency's current solicitation license is required. Organizations that solicit contributions in North Carolina, directly or through a third party, must renew their licenses annually. For more details, refer to the NC Secretary of State's [licensing website](#) and its [Frequently Asked Questions Guide \(PDF\)](#), about exemptions. If exempt per N.C.G.S. § 131F-3, include a copy of the exemption letter with the agency's application materials.

#### **d) IRS Federal Tax-Exemption Letter**

A copy of the agency's IRS tax-exempt letter that confirms its nonprofit status is required. An agency can request a copy of its letter from the [IRS' Customer Account Services](#).

#### **e) Certificate of Liability Insurance**

A copy of the agency's current certificate, from the agency's insurance carrier. Table 1 below outlines insurance types and minimums required, for each jurisdiction. If exempt from Worker's Compensation compliance, include a statement explaining why, with the agency's application materials. *\*Note: If Approved for Funding: Approved agencies must provide an updated insurance certificate. The update should reflect the funding jurisdiction as an additional insured party and certificate holder and provide coverage for the duration of the funding period (July 1 – June 30). Renewal certificates must be sent to the jurisdiction 30 days prior to any expiration date, cancellation or modification of any stipulated insurance coverage.*

**Table 1. Forms of Liability Insurance and Minimum Policy Amounts Required**

| INSURANCE                          | TOWN OF CARRBORO                                                                                                                                                                    | TOWN OF CHAPEL HILL                                                                                                                                                                                | ORANGE COUNTY <sup>3</sup>                                                                                                                                                                            |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Worker's Compensation <sup>1</sup> | Limits for Coverage A - Statutory State NC, for each employee<br><br>Limits for Coverage B - Employers Liability of: \$1 million Each Occurrence \$1,000,000 BID <sup>2</sup> limit | Limits for Coverage A - Statutory State NC, for each employee<br><br>Limits for Coverage B - Employers Liability of: \$100,000 Each Occurrence \$100,000 BID for each employee \$500,000 BID limit | Limits for Coverage A - Statutory State NC, for each employee<br><br>Limits for Coverage B - Employers Liability of: \$500,000 each accident, \$500,000 BID for each employee \$500,000 for BID limit |
| Commercial General Liability       | \$100,000 Property Damage Liability \$1,000,000 Bodily Injury and Property Damage Limit                                                                                             | \$1 million Each Occurrence \$2 million Aggregate                                                                                                                                                  | \$1 million Each Occurrence \$2 million Aggregate                                                                                                                                                     |
| Automobile Liability               | Not Applicable                                                                                                                                                                      | \$1 million Each Occurrence                                                                                                                                                                        | \$500,000 Each Occurrence                                                                                                                                                                             |
| Professional Liability             | Not Applicable                                                                                                                                                                      | Not Applicable                                                                                                                                                                                     | \$1 million Each Occurrence \$2 million Aggregate                                                                                                                                                     |

1. Visit the [NC Industrial Commission's website](#) for more information regarding Coverage A. Also, note that if an agency uses subcontractors, it must require subcontractors to have workmen's compensation insurance.
2. Bodily Injury by Disease (BID)
3. Please visit Orange County's [contracts webpage](#) for more information about the County's risk assessment procedures.

**f) List of Board of Directors**

Provide the following information about each board of director's member: name, telephone number, address, occupation or affiliation of each member and the list must identify the principal officers of the governing body, and length of term.

**g) Solid Waste Program Fee (SWPF) Verification**

This fee finances Orange County's recycling and waste reduction program. Submit either a.) proof of payment of the agency's **FY 2016-17** Solid Waste Program Fee, OR b.) a statement on agency letter head indicating exemption and specify the person(s), business, etc. that is responsible for paying this fee.