FY 2017-2018
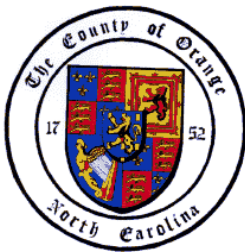# Outside Agency Funding Application

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

October 18	**Funding Application Posted on Websites**
November 1	**Funding Application Workshop Held**
October 18-January 23	**Agency Prepares Application**
January 10 **January 24**	**Q&A Session Held** **Application Submissions are Due**
March - May	**Application Review & Agency Presentations**
June	**Agency Funding Approval by Board/Council**
July	**Contracts Executed & Programs Begin**

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 24, 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 1, 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

Submission:
  - ➢ We strongly encourage applications to be single-spaced, with 12-point arial font and normal margins.
  - ➢ Application: **One (1) original plus Seven (7) paper copies of the application must be hand delivered or mailed to Annette Stone, 301 West Main Street, Carrboro, NC 27510.**
  - ➢ 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

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**
- ➢ 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

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) _____

Section	Subsection
1. Cover Page	**a.** ☐ **Applicant Contact Information** **b.** ☐ **Funding Requests** **c.** ☐ **Signed Application Cover Page** **d.** ☐ **Signed Disclosure of Conflicts of Interest**
2. Agency Information	**a.** ☐ **Agency's Years in operation** **b.** ☐ **Agency's Purpose/Mission** **c.** ☐ **Agency's Types of Services Provided** **d.** ☐ **Agency's Experience with Programs** **e.** ☐ **Other Pertinent Agency Information** **f.** ☐ **Schedule of Positions** **g.** ☐ **Living Wage** **h.** ☐ **Agency Budget**
3. Program Information **A separate Section 3 is required for each program.**	**a.** ☐ **Human Services Needs Priority** **b.** ☐ **Type of Program** **c.** ☐ **Agency Collaboration** **d.** ☐ **Summary of Program** **e.** ☐ **Description of Identified Need** **f.** ☐ **Description of Population to be Served** **g.** ☐ **Program Staffing, Capacity, & Expertise** **h.** ☐ **Program Implementation Timeline** **i.** ☐ **Value of Investment** **j.** ☐ **Impact of Reduced/No Allocation** **k.** ☐ **Other Pertinent Information** **l.** ☐ **Target Population/Beneficiary Chart** **m.** ☐ **Work Statement** **n.** ☐ **Program Budget, Detail, & Cost per Individual**
4. Attachments	**a.** ☐ **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.** **b.** ☐ **IRS Federal Form 990** **c.** ☐ **NC Solicitation License** **d.** ☐ **IRS Federal Tax-Exemption Letter** **e.** ☐ **Certificate of Insurance** **f.** ☐ **List of Board of Directors** **g.** ☐ **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)

Program	Carrboro - HS	Chapel Hill - HS	Orange County-HS	Total
Ex. Youth Afterschool Program Afterschool Program Coordinator salary and materials for youth activities and projects	$10,000	$15,000	$5,000	$30,000
Totals				

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

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**.

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)*

- **F**ull **T**ime **E**quivalent **(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:
  Total Volunteer Hours = Volunteer FTE
         2,080

# 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.

h) Agency Budget

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

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

Program	FY16-17 Award	FY17-18 Request	Source
Ex: Affordable Rental Rehabilitation	0	$20,000	Carrboro - Affordable Housing
Ex: Agency Administration	$15,000	$15,000	Carrboro – Other
Ex. Total	**$15,000**	**$35,000**	**Carrboro Total Funding**

*Add rows or attach additional page, if needed.

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)***.**

Agency 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
  - Personnel (Salary & Benefits)
  - 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 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 goals, 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 2015-16	Estimated 2016-17	Projected 2017-18
Gender			
Male			
Female			
Total	0	0	0
Ethnicity			
African-American			
American Indian or Alaska Native			
Asian			
Caucasian			
Native Hawaiian or other Pacific Islander			
Other: specify _____			
Total	0	0	0
Of the above, how many Hispanic/Latino			
Of the above, how many non-Hispanic/Latino			
Total	0	0	0
Age			
0-5 years			
6-18 years			
19-50 years			
51+ years			
Total	0	0	0
Geographic Location			
Alamance County			
Chatham County			
Durham County			
Wake County			
Orange County Breakdown			
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)			
Total	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 _____

1. Program Activity Name	
Program Goal	
Performance Measures	
Previous Year Program Results	
Current Year Estimated Results	
Next Year Projected Results	

2. Program Activity Name	
Program Goal	
Performance Measures	
Previous Year Program Results	
Current Year Estimated Results	
Next Year Projected Results	

3. Program Activity Name	
Program Goal	
Performance Measures	
Previous Year Program Results	
Current Year Estimated Results	
Next Year Projected Results	

4. Program Activity Name	
Program Goal	
Performance Measures	
Previous Year Program Results	
Current Year Estimated Results	
Next Year Projected Results	

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
     - Personnel (Salary & Benefits)
     - 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
Total Cost of Program			
Total # of Individuals			
Cost Per Individual			

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[3]
Worker's Compensation[1]	Limits for Coverage A - Statutory State NC, for each employee Limits for Coverage B - Employers Liability of: $1 million Each Occurrence $1,000,000 BID[2] limit	Limits for Coverage A - Statutory State NC, for each employee 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 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.