



## **NON-PROFIT / OUTSIDE AGENCY FUNDING APPLICATION & INFORMATION FY 2016-2017**

The Town of Sunset Beach will only consider granting funds to public purposes for which the municipality has statutory authority to directly fund. The Town Council of Sunset Beach may review complete funding packets and may opt to allocate up to one percent of the General Fund budget for outside agency funding purposes as a part of the annual budget allocation process. The Town Council has the full discretion with regard to funding and may opt not to include any funding for this purpose. If funds are appropriated for this purpose, funds shall only be appropriated to organizations that can document tax-exempt status and provide required financial reports and information.

All organizations that receive at least \$1000 in Town funding shall have an independent audit performed for the fiscal year for which the funds are received and shall file a copy of the same with the Town. All agencies that receive \$5000 or more must meet the public disclosure requirements set forth by S.L. 2012-169.

Requests for funding should be submitted during the Town's annual budget preparation process. The window for funding requests shall be February 15 – March 31, 2016 for consideration for inclusion in the 2016-2017 fiscal year budget. Completed application packets should be submitted to the Town's Finance Director/Budget Officer prior to the deadline. All funding request packets that are determined to be complete by the Finance Director will be made available to the Town Council for consideration. Incomplete funding applications will not be considered.

### **Application Instructions:**

Each application should request funding for a specific activity or service. Please detail how the funding will be utilized to bring about the desired outcomes. If you require more space to respond to questions than the application form provides, please attach additional pages that are clearly labeled. If an organization wishes to be considered for funding of more than one activity, a separate and complete application will be required for each activity. Completed applications must be signed by the chief paid officer (if applicable) and the board chairperson of the organization; incomplete applications will not be accepted.

Completed applications are due by **Thursday, March 31, 2016 at 4:00 pm**. Applications should be hand delivered to the Sunset Beach Town Hall or mailed to:

Bonnie Schwerd, Finance Director/Budget Officer  
Town of Sunset Beach  
700 Sunset Blvd. North  
Sunset Beach, NC 28468

Questions should be directed to Bonnie Schwerd, 910-579-6297 or [bschwerd@atmc.net](mailto:bschwerd@atmc.net).



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**Organization Contact Information:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**CEO/Executive Director Contact Information:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Board of Directors Chairperson Contact Information:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please complete the questions on the additional pages of this application.



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**Amount of Funding Requested \$** \_\_\_\_\_

**Brief Narrative Description of Services to be provided with Town funds.** *(You may attach one additional page, if needed):*

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**Service Area** \_\_\_\_\_ **Anticipated population to be served** \_\_\_\_\_

**Are similar services available from other providers?**  Yes  No

**If yes, who currently provides the service?** \_\_\_\_\_

**If yes, what is the added value of your services?** \_\_\_\_\_

**Has your organization received Town of Sunset Beach funds before?**  Yes  No

**If yes, please identify year(s) and amount(s)** \_\_\_\_\_

**If yes, have you received funding for this project/program before?**  Yes  No

**What percentage of your total budget is spent on administration?** \_\_\_\_\_

**Checklist:**

The following information should be included with your application.

- Tax Exempt Status Certificate
- List of Board of Directors
- Audited Financial Records
- Most Current Fiscal Year Program Budget and Actuals

**Certification:**

*I certify that the information contained herein is true and accurate, to the best of my knowledge.*

\_\_\_\_\_  
CEO/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Directors Chairperson Signature

\_\_\_\_\_  
Date