



**NON-PROFIT ORGANIZATION FUNDING  
APPLICATION & INFORMATION  
FY 2020-2021**

The Town of Sunset Beach Town Council may allocate up to one percent of the general fund budget to fund non-profit organizations for certain public purposes. The council has full discretion with regard to funding and may opt not to include any funding for this purpose. Applicants must document tax-exempt status and provide required financial reports and information.

Organizations that receive \$5,000 or more must meet the public disclosure requirements set forth by S.L. 2012-169. Council reserves the right to request an independent audit by the organization receiving funding from the Town of Sunset Beach.

Requests for funding should be submitted by March 27, 2020, during the town's annual budget preparation process for the fiscal year budget ending June 30, 2021. All funding request packets that are determined to be complete by the finance director will be made available to the town council for consideration.

Application Instructions:

Each application must request funding for a specific activity or service. Using the attached application forms, 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. 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 Friday, March 27, 2020 at 4:00 pm. Applications should be hand delivered or mailed to:

Tara L. Dropp, Finance Director  
Town of Sunset Beach  
700 Sunset Boulevard North  
Sunset Beach, NC 28468

Questions should be directed to Tara Dropp, 910-579-6297 x 1015 or [tdropp@sunsetbeachnc.gov](mailto:tdropp@sunsetbeachnc.gov).



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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