



NEW HANOVER COUNTY

FINANCE

230 Government Center Drive, Suite 165, Wilmington, NC 28403

P: (910) 798-7211 | NHCgov.com

FY21-22 NON-COUNTY AGENCY FUNDING APPLICATION INSTRUCTIONS

1. Eligibility: Nonprofits with 501(c)(3) or 501(c)(6) status and governmental entities are generally eligible to apply for non-county agency funding. For specific eligibility requirements, please refer to the Non-County Agency Funding Policy available online:

<https://finance.nhcgov.com/wp-content/uploads/2018/08/Non-County-Agency-Funding-Policy.pdf>

2. Required Documents: A complete submission must be comprised of the following documentation:

- ✓ Completed funding application submitted in the original Adobe Acrobat form
- ✓ IRS Tax Exempt Letter (501(c)(3), 501(c)(6))
- ✓ 2019 IRS 990, 990-EZ, or 990N, signed
- ✓ NC Solicitation License or Exemption Letter
- ✓ Articles of Incorporation
- ✓ Board of Directors roster
- ✓ Agency organizational chart

Any application packages with missing or incomplete documents will not be eligible for funding consideration. Attach all of the required documents to the email with your completed application.

3. Brochures and Other Marketing Materials: Materials such as marketing brochures or pamphlets will **not** be accepted with the application package. If such materials are submitted, they will not be taken under consideration when reviewing your funding application.

4. Formatting of Application: The application must be completed in the original Adobe Acrobat form posted on the New Hanover County Finance website. You may download a FREE copy of Adobe Acrobat Reader by going to <https://get.adobe.com/reader/>. It is suggested that you save a copy of the application to your computer, fill it out, save it, and then attach it to an email to budget@nhcgov.com with all of your documentation. The application must be completed using Calibri 11-point font, which is the default setting in the application form. Applications with an altered font will not be accepted. Responses to the application questions should be brief and in bullet-point format. The only exception is the Agency Overview, which does not require bullet points. Please refrain from using any acronyms.

5. Application Training Materials: For assistance in completing each of the sections of this application, training materials are available on the New Hanover County website:

<https://finance.nhcgov.com/budget/non-county-agency-funding>.

6. Buckets: The funding committee starts the funding process by dividing each agency into a bucket. The buckets are: Nutrition, New Direction/Innovation, Protective, Arts & Recreation, Education, Housing, Workforce, and Health/Safety. Please choose one by selecting it in the dropdown box on the application.



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- 7. Evaluation Criteria:** Applications will be reviewed by the [Non-County Agency Funding Committee](#) using the criteria contained in the application Scoring Rubric. While the Scoring Rubric is subject to minor modifications, the current rubric can be viewed online: <https://finance.nhcgov.com/wp-content/uploads/2020/08/Funding-Scoring-Rubric-FY20-21.pdf>

One of the key evaluation criteria is the alignment of the funding proposal with the New Hanover County strategy. For further information about this strategy, please refer to the 2018-2023 Strategic Plan available online: <https://www.nhcgov.com/administration/budget/2018-2023-strategic-plan>.
- 8. Items Ineligible for Funding:** The following items will not be considered for funding: salaries for positions not directly tied to service delivery, marketing, and pass throughs. In addition, funding requests that directly support program delivery will be prioritized over capital expenditures unless required for program delivery.
- 9. Submission of Application Package:** Completed applications and required documents must be submitted via email to budget@nhcgov.com. **Please be sure to write “Confidential” in the subject line of your email and attach all of the required documents listed in item #2 above with your completed application.**

Any questions regarding these instructions or the application please contact Gwen Hill at ghill@nhcgov.com or 910-500-7894.



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Lisa Wurtzbacher, Chief Financial Officer

FY21-22 NON-COUNTY AGENCY FUNDING APPLICATION

Did you attend/view the training for FY21-22 _____ FY20-21 _____ FY19-20 _____ FY18-19 _____

PLEASE READ THE FY21-22 NON-COUNTY AGENCY FUNDING APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION!

Agency Name: _____ **Website:** _____

Mailing Address: _____

Address Line 2: _____ Suite # _____

City: _____ State: _____ ZIP Code: _____

Contact Person for Grant: _____

E-mail: _____ Phone: _____

Chief Executive Officer: _____ Number of Years in Position: _____

E-mail: _____ Phone: _____

Agency Fiscal Year Ends (mm/dd/yyyy): _____

Total Agency Budget: _____ **Total Funding Requested in this Application:** _____

FY19-20 Agency Turnover Rate for Full-Time Permanent Staff: _____ %

AGENCY OVERVIEW – Executive Summary of the Agency

Please include the population you serve and an overview of the programs/services you offer.

PROGRAM/SERVICE FOR WHICH FUNDING IS BEING REQUESTED

Name of Program/Service: _____

Which "bucket" do you believe this program belongs in? (Select one) _____

Description of Program/Service - *Using bullet point format, please describe the specific need the program or service proposes to address and explain the strategy that will be used to address the problem.*

Program/Service Delivery Process - *Using bullet point format, please describe the specific service delivery process, including staffing, key activities and timelines.*

Target Population - *Using bullet point format, please identify the characteristics of the target population that will benefit directly from the program/service.*

Barriers - Using bullet point format, please describe the barriers that exist for potential participants (e.g., transportation, etc.) and how your program/service addresses those barriers.

Geographical Coverage - Using bullet point format, please describe the specific location(s) within New Hanover County where your program/service will be provided:

COLLABORATION, PARTNERSHIPS AND LEVERAGING OF FUNDS

If applicable, describe how your agency will collaborate with, partner with, or leverage funds from other organizations to achieve the intended results for the program/service. *Please use bullet point format.*

ALIGNMENT WITH NEW HANOVER COUNTY STRATEGY

Please select ONE of the following categories that best aligns to the program/service for which you are requesting funding. If none of the categories apply, please select Not Applicable.

- Leverage public infrastructure to encourage private investment
- Increase the diversity and number of higher-wage jobs
- Encourage development of complete communities in the unincorporated county
- Promote early learning that ensures life-long resiliency
- Support the private sector's need for talent to fill higher-wage jobs
- Prevent and reduce opioid abuse
- Increase access to programs to prevent and reduce obesity
- Sustain the community capacity to prepare for and respond to public safety demands
- Not Applicable

OUTCOMES AND EFFECTIVENESS

Using bullet point format, please describe the evaluation tool(s) your agency will use to measure the outcomes and effectiveness of the program/service.

If this is an existing program/service, please provide the following information:

- 1) Outcomes achieved over the past three years

- 2) Total population served

MEASURABLE RESULTS AND BUDGET TEMPLATE

Please complete the Measurable Results and Budget Template below.

The measurable targets should reflect only those results anticipated from the funding being requested in this application, and they should cover the time period of the 2021-22 fiscal year (July 1, 2021 – June 30, 2022). Results should be measurable/quantifiable and should indicate the number of individuals directly served and the magnitude of the impact on those served. Please be sure to indicate units of measure (% , #, etc.).

MEASURABLE RESULTS	December 31		June 30		Total Year	
	Target	Actual	Target	Actual	Target	Actual
Number of Individuals Served (unique)						
Measures - Please enter up to four additional measures in the field below.						

****Do not include special characters in the budget report (commas, dollar signs, etc.) as the totals will not calculate correctly.**

PROGRAM SERVICE BUDGET			SPENDING PLAN FOR REQUESTED NHC FUNDS			
	Total Cost	NHC Funds	Dec. 31 Target	Dec. 31 Actual	June 30 Target	June 30 Actual
Salary & Benefits						
Program Supplies						
Other Program Costs						
Training						
Travel/Mileage						
Printing						
Rent						
Utilities & Other Occupancy Costs						
Technology						
TOTAL						

If funding is being requested from New Hanover County for Salaries and Benefits, please provide a description of the related positions including the individual position titles, salaries and responsibilities.

ADDITIONAL INFORMATION

How has COVID-19 impacted your agency?

Did your agency apply for any stimulus/CARES Act funding due to COVID-19?

Did you receive any of these funds? If you did not receive them please explain why.

If you did receive funds, please state the total amount received: _____

OPTIONAL SECTION

Please complete this section only if there is any additional information you wish to provide that has not already been addressed in the application and that would help to better illustrate what you do and/or why you need the requested funding. This section may include a success story, specific examples of the results achieved for the program/services you deliver, or additional justification in support of the proposed funding amount. This section is optional and should not restate any information previously provided in the application.

CONFLICT OF INTEREST DISCLOSURES

Please select all that apply for the agency, its employees or its board members:

Employees of, or closely related to, any employees of New Hanover County

Members of, or closely related to, members of the New Hanover County Board of Commissioners or the New Hanover County Funding Committee

Current beneficiaries of the program/service for which funds are being requested

Paid providers of goods or services to the agency or have other financial interests in the agency or program/service

Have a business association or other financial interest with an employee or member of the New Hanover County Board of Commissioners or the New Hanover County Funding Committee (includes if a member of the Board or funding committee is on agency's board)

"Closely related" includes members of your immediate family – parents, spouses/partners, and/or children.

If you selected any of the above, please provide a full explanation.

Please list any significant legal proceedings or threatened litigation against the agency, any agency directors/officers, or the agency director/chief executive officer. If none, enter "Not Applicable".

Please list all related parties and related party transactions during the current year.

This could include, but is not limited to, an arrangement between a key member of management, a close family member of key management, a parent or subsidiary company, or a member of the managing board. Such arrangements include, but are not limited to, purchases, loans and receivables.

AGREEMENT TO TERMS

By submitting this form, I hereby acknowledge that:

I am authorized to submit this application and the supporting documentation on behalf of my agency.

This application will not be considered for funding unless all of the correct documentation has been submitted with this application.

Please type or sign your name as confirmation of your agreement to the above terms:

Date: _____

****Please be sure to type "Confidential" in the subject line of your email and attach all of the required documents listed in the instructions with your completed application.****