INSTRUCTIONS FOR REQUESTING FORSYTH COUNTY FUNDS

Please complete the FY21-22 Special Appropriation Funding Application and return to the Forsyth County Budget and Management Office by Friday, February 19, 2021. Ensure the application is thoroughly completed and a budget is returned as well. If information is not adequately completed then a follow-up will be needed before any grant agreement can be executed. <u>AS ALWAYS, GRANT FUNDS ARE SUBJECT TO APPROVAL BY FORSYTH COUNTY BOARD OF COMMISSIONERS.</u>

APPLICATION FOR FUNDS

- SECTION 1 Fill out the organizational information.
- SECTION 2 Provide information about the agency's Mission and Goals/Objectives.
- SECTION 3 Insert amount of requested funds and specify whether it is continued or new funding.
- SECTION 4 List (or attach) your entire agency's Board of Directors and their respective affiliation.
- SECTION 5 Answer the questions regarding how the agency/program will utilize Forsyth County funding. Use as much or as little space as you feel is needed.
 - **5A** Purpose of Grant Explain what the effect will be on targeted clients/residents.
 - **5B** Targeted Demographic
 - **5C** Accomplishments **Proposed for Next Fiscal Year (FY 2022)** Indicate the specific accomplishments the program is planning in the fiscal year for which funds are requested (July 1, 2021 June 30, 2022).
 - **5D** Program/Agency Action Plan Describe agency/program activities, how accomplishments will be achieved, and how goals/objectives will be measured. If needed briefly describe strategic planning efforts.
 - **5E** Accomplishments <u>Achieved in Prior Fiscal Year (FY 2020)</u> Indicate the specific accomplishments the program achieved in the most recently completed full fiscal year (2020). Like the purpose, these should be in terms of the impact on the clients.
 - **5F and 5G** Uses of County Funds Explain what programs and services will be provided by County funds. Explain how County funds will be used. Also, provide detail on what type of expenditure line-items will be covered by County funds (example: personnel expenses, facility expenses, etc.).

ESTIMATED ACTUAL & PROPOSED BUDGET

Part A – The REVENUE section is designed as a matrix to provide two types of information about resources. Across the top of the form are listed a number of potential sources of funds. Down the side are time periods during which the funding is expected to be available. Part B – The EXPENDITURE section is designed for you to indicate the amount of money from each source listed at the top of the page to be used for each of your budget line items. No specific line items have been preprinted on the form. Please use the expenditure categories that you use in your agency's budget. We hope that this will simplify your work by eliminating the need to determine how your budget categories compare to the County's. All resources and expenses for the agency or project must be included in Sections A and B. Total resources and total expenditures should be equal. If these are not equal, please explain why the difference exists.

ESTIMATED ACTUAL FOR CURRENT FISCAL YEAR (FY 2021) – Estimate the actual resources and expenditures of the agency or program for the current year which will end June 30, 2021. The figures you enter may be more than, less than, or the same as the original budget. The purpose is to determine as accurately as possible what your actual receipts and expenses will be during the current fiscal year.

<u>PROPOSED BUDGET FOR NEXT FISCAL YEAR (FY 2022)</u> – For each funding source, enter the amount of money for which you expect to be eligible during the time period. For expenses, enter the amount of money from each source listed at the top of the page to be used for each of your budget line items.

NAME OF ORGANIZATION – Self-explanatory.

<u>AUTHORIZED SIGNATURE/TITLE/DATE</u> – The application should be signed by the Director or an officer of the agency. Enter the title of the person signing the application and the date.

Please contact Budget & Management Office if you need assistance @ 336-703-2896

SECTION 1. General Organizational Information and Contact Information (The primary contact for your agency will work directly with the Forsyth County Budget Office)

Official Organizati	ion Name:					
Physical Address:						
Mailing Address:			City:		State: NC	Zip:
Phone:			Fax:		1210	
Website:						
Executive Director	/CEO:					
Primary Contact fo	or Proposal:			Title:		
Primary Contact E	Cmail:			Primary Con	ntact Pho	ne:
SECTION 2. Provide you need or feel is a	le your agency's miss	ion and §	goals/objecti	ves (include a	s many go	oals/objectives a
Mission:						
Goals/Objectives:	1.					
	2.					
	3.					
	4.					
	5.					
SECTION 3. Reque	sted grant funds from	Forsyth	County			
Forsyth County Fu	inds Requested:		\$			
Is this new funding (Check one box)	g or continued fundin	ng:	=	ed/Renewal Funding (no fund	ling last fi	iscal year)
(Check one box)	specific programs or	r entire a	agency: [Entire Agen Specific Pro	•	
If funding is for a program here:	program, list the					

SECTION 4. List all Board Members and their affiliation or company (Community Member or Volunteer may be used for those not representing an employer or another agency in the community). If it is easier, an attachment with this information will suffice.

Name:	Affiliation or Company:

SECTION 5. Please answer the following questions related to the purpose of the requested grant. (Use as much/little space as you feel is necessary)

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A.	Explain the purpose of this grant (statement of need). What is the need in Forsyth County?	
В.	Describe your targeted demographic.	
C.	State the specific accomplishments which the program is proposing to achieve for the next fi year (FY 2022) (Should be measurable and related to Purpose and Goals/Objectives. Provide Outcome/Performance Measures and Output Data).	
	Outcome/Terrormance recusures and Output Data).	

D.	State the specific accomplishments which the program <u>actually achieved in the prior fiscal year</u> (FY 2020) (Should be measurable and related to Purpose and Goals/Objectives. Provide Outcome/Performance Measures and Output Data).
E.	Please describe the Action Plan related to the program/agency that will receive Forsyth County funding. Include information on what steps the agency will take to ensure its goal are successfully accomplished.
F.	Explain how your agency/program will utilize Forsyth County funds.

G.	Which line-item expenditure(s) will be offset with County funding. If the Forsyth County Board
	of Commissioners approves funding for your agency then the contractual agreement will include
	this information. (Check all that apply – if funding is used for general support then check only the
	general support box).

Personnel/Staff Expenses
Utility or Facility Expenses
Program Related Service Expenses
Administrative Operating Expenditures
General Support – Nothing Specific, All of Above, Various, etc.
Other, Please Specify

SECTION 6. Please submit a copy of your most recent financial audit.

SECTION 7. Acknowledgements.

This organization acknowledges that, if it receives funding from Forsyth County, it shall be subject to audit by the County, and this organization shall supply all records, information, or verification of expenditure of funds requested by Forsyth County. This organization agrees not to provide any gifts, payment, or other benefits to any Forsyth County Commissioner or County official. This organization shall not request that any Commissioner or County official intervene on its behalf with regard to any request for funding or any of the organization's business that comes before the Board of Commissioners.

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