

Outside Agency Funding Application Instructions

FY 2015-16

***PLEASE REFER ALSO TO THE
APPLICATION CHECKLIST
TO ENSURE YOU MEET ALL
SUBMITAL REQUIREMENTS
BY JANUARY 23, 2015, AT 5PM***

Introduction

The Funding Application and supplemental materials are due by **Friday, January 23, 2015, at 5pm**. Orange County will only accept electronic submissions. The Town of Chapel Hill requires two (2) hard copies and an electronic copy, for archive. The Town of Carrboro requires eight (8) hard copy submissions of the application, for distribution, and an electronic copy, for archive. Both towns require electronic copies of the supplemental materials. Please refer to the checklist for specific submission instructions.

Application materials are available at www.orangecountync.gov/hsa and www.townofchapelhill.org/hsgrants.

Required Forms

- Funding Application Cover Page
- Section I: Agency and Program Overview
- Section II Program Results
- Section III: Agency Program Budget
- Section IV: Program Statistics and Cost
- Section V: Program Beneficiary Demographics
- Section VI: Comparative Budget for Entire Agency
- Section VII: Schedule of Positions

Required Supplemental Forms

In addition to the application forms, please send an electronic copy of the following forms with your application:

1. Federal tax identification number
2. Financial Audit or Financial Statement (CY 2013 or FY 2013-14)
3. IRS Federal Form 990 (2013)
4. NC Solicitation License (if exempt, a copy of exemption letter)
5. IRS Federal Tax Exemption Letter
6. Certificate of Liability Insurance (programs and services)
7. Board of Directors Information
8. 3-R Fee Verification

A. Funding Application Instructions

Funding Application Cover Page

Please complete the requested information. The “Funding Source Summary” should list only those funders that you are making application to each year, not a listing of all revenue sources. The summary section should provide a brief narrative of how the awarded funds will be used..

Section I: Agency and Program Overview

1. Provide date of incorporation, years in operations, mission or vision statement and a brief history of the agency.

QUESTIONS 2-8 FOCUS ON THE PROGRAM FOR WHICH THE AGENCY REQUESTS FUNDING.

2. *Identified Community Need:* Briefly discuss how the agency has determined that this program is essential for the community to thrive using facts and statistics, when applicable.
3. *No further directions are necessary.*
4. No further directions are necessary.
5. No further directions are necessary.
6. No further directions are necessary.
7. *Program Category:* Place an “X” in the box that best describes the category of Program(s) to be funded (multiple selections are permitted).

Section II: Program Results

A. Program Goals, Actual Results and Evaluation Method

This form is used to document program goals, actual results, and evaluation method, for the previous year. Some programs may have more than one goal. If more than one program is requesting funding, provide a separate chart for each program.

Program Goal should explain what the program is trying to achieve/accomplish. Goals are statements about what the program should accomplish.

Program Activities should outline major activities the agency implemented to accomplish its program goals.

Program Results use program results to indicate the actual measurable achievement of goals. If goals were not met please provide information below the Program Results Table.

Example of a Poor Goal for an After-school Educational or Truancy Prevention program: (NOT Mission-oriented; Example: 60% of students enrolled will attend the program at least 3 days each week) versus a Better Goal (Mission-oriented; Example: 60% of students participating in the program will show measurable improvement in their grade averages and/or documented school disciplinary reports (whichever measure is relevant to the mission).

Evaluation Method describes how you will evaluate the degree to which you achieved the stated goals. If additional information is needed please provide below the Program Results Table.

Section III. Program Budget

The program budget will be the closest possible cost of the entire program. For example, if a Manager is assigned 100% to a specific program then 100% of the salary and benefits would be included. The Executive Director's salary and benefits can be allocated in proportion to the amount of time spent on the project, say, 10 percent. This would occur for all categories such as revenue, rent and utilities, program supplies, etc. For a listing of a definition of the budget categories please see Section III: Comparative Budget for Entire Agency. Use the space in the application to explain significant changes that have occurred, from year to year.

Section IV: Program Statistics and Costs

In a brief statement, define one unit of service for each program. To help define the unit of service refer back to your process and outcome objectives. These items should be closely related.

Example: A Homeless Shelter may define a unit of service as:

One bed night provided to a homeless individual at the shelter

OR

The placement of an individual into a permanent residence

Based on the unit of service definition, state the total program units (column 2), the total program units that met program goals (column 3) and the total program cost (column 4). Complete this information as an ACTUAL amount for FY2013-14 (last year), an ESTIMATED amount for FY2014-15 (current year) and a PROJECTED amount for FY2015-16 (requesting year).

To determine the *Program Unit Cost* simply take the Total Program Cost and divide that number by the Total Program Units that met the Program Goals.

Notes regarding Program Unit Cost

- Units of cost are units of activity. The most inexpensive unit cost may be the most expensive program.

Example: Agency X provides training to reduce violence at a cost of \$10 per student (total cost of training is \$5,000 with 500 students participating). Follow up reveals that 5 students adopt the program recommendations. The unit of results, then, is \$1,000 ($\$5,000/5=\$1,000$)

Agency Y provides similar training to 500 students at a cost of \$40 (total cost of training is \$20,000). Follow up reveals that 40 students adopt the program recommendations. The unit of result in this case is \$500 ($\$20,000/40=\500).

- Unit costs are not always what they seem.

Example: If a high school drop-out prevention program has students who participate 5 days a week for 16 weeks at a daily cost of \$150, the cost per student is \$12,000. If we know, though, that the program serves only 20 students at a time and that 5 out of every 20 students do not graduate, the cost per graduate is \$16,000 (total cost of \$240,000 for 16 weeks/15=\$16,000).

Section V: Program Beneficiary Demographics

Collect client data for last year (ACTUAL), this year (ESTIMATED) and next year (PROPOSED) in the following categories: Please use real numbers, not percentages.

- Gender
- Ethnicity
- Age
- Geographic Locations (County information should be exclusive of the cities listed on the form – i.e., when providing information for Orange County, do not list Town of Chapel Hill clients. List your Chapel Hill clients in the area designated for Chapel Hill. This approach will avoid duplicating client numbers).
- Per cent (%) of Clients at or below Federal Poverty Level
- Total number of clients served

Section VI: Comparative Budget for Entire Agency

The “Comparative Budget for Entire Agency” is a compressed/modified Income Statement. Use the space in the application to explain significant changes that have occurred, from year to year. In the MS Excel file:

Under Support & Revenue:

- *Private Donations* includes individual contributions, legacies and bequests – those funds received *without* your direct fund raising efforts.
- *Agency Generated Revenue* includes program service fees, sales to public, sales of materials & services to local member units, special events, membership dues – those funds received resulting from your direct fund raising efforts.
- *Local Government Grants* includes each of the entities listed on the form and space for up to three other local governments. If an agency receives revenues from more than three additional local governments, it should provide enter the total on the first line and provide a list of the other entities.
- *Non-Local Government Grants* includes State &/OR Federal grants, corporations, foundations, etc. – includes other large contributors not listed in the Non-Local Government Grants line items.
- *Miscellaneous/Other Revenue* includes investment income, contributions by associated organizations, allocations by federated/non-federated and unassociated fund raising organizations – all other miscellaneous sources go here. Also, list the three largest revenues sources that comprise this line item.
- *Total Support & Revenue* should be the sum total of each column of revenues.

Under Expenses:

- *Compensation* includes salaries and wages to professional, clerical and other staff; employer-paid benefits; payroll taxes, vehicle leased/purchased for exclusive use of a single employee (as part of a compensation package).
- *Rent & Utilities* includes rent/lease, mortgage, utilities, etc.; telephone and fax; insurance which is not for employee benefits (building, fire, liability, etc.); bonding insurance costs and assessments for street cleaning.
- *Supplies & Equipment* includes postage and shipping; copying and printing; publications, including subscriptions and reference materials; purchase/rental and maintenance of equipment and vehicles; insurance for agency vehicles. This line should NOT include depreciation (see “Other”).
- *Travel & Training* includes any transportation and travel; expenses for conferences, conventions, meetings and staff training; short-term rental of vehicles for travel; reimbursement of client travel expense, bus tickets, tokens, etc.
- *Other Expenses* includes professional fees, auditors/bookkeeper fees, contract service payments; student stipends; awards/grants to other agencies; financial assistance on behalf of clients; membership dues to other organizations; interest expenses; capitalized equipment leases and other short/long term debt; depreciation of equipment and other fixed assets and transfers to agency reserve accounts and all expenses not listed in the other line-items above. Also, list the three largest expenses that comprise this line item.
- *Total Expenses* should be the sum total of each column of expenses.
- *Surplus/(Deficit) For Period* should contain the net of Revenues and Expenses.

Section VII: Schedule of Positions:

Schedule of Positions and Salaries should include figures for **all** agency staff.

Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.

Calculate a Full Time Equivalent for all recorded volunteer hours using the following:

$$\frac{\text{Total Volunteer Hours}}{1,960} = \text{Volunteer FTE}$$

1,960 hours is used under the assumption that the average FT employee receives two weeks of vacation and one week of sick leave per year. Please use this number for a consistent calculation among applicants.

B. Required Supplemental Materials Instructions

Note: Any request for statements should be outlined/bulleted in a single letter, signed by the Executive Director and included with your application materials.

1. Federal Tax Identification Number

An Employer Identification Number (EIN), or a Federal Tax Identification Number, is used to identify a business entity. Please enter this on the cover page of the funding application.

2. Financial Audit

A recent financial audit that should cover CY 2013, for calendar year agencies, and FY 2013-14, for fiscal year agencies. For agencies with prior year revenues totaling \$500,000 or more a financial audit, prepared by a certified public accountant. 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.

3. IRS Federal Form 990

A copy of the agency's 2013 Form 990. 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.

4. NC Solicitation License

A copy of the agency's current solicitation license. 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.

5. IRS Federal Tax-Exemption Letter

A copy of the agency's IRS tax-exempt letter that confirms its nonprofit status. An agency can request a copy of its letter from the [IRS' Customer Account Services](#).

6. 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.

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 COUNTY³
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	\$1 million Each Occurrence \$2 million Aggregate	\$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.

7. List of Board of Directors

Provide the following information about each board of director's member: name, board position, mailing address (work), ethnicity and length of term.

8. 3-R Fee verification (Applicants for Orange County Funding, only)

Proof of payment of the agency's FY 2014-15 3-R Fee. The 3-R Fee finances Orange County's recycling and waste reduction program; it is billed annually with each tax bill. Access paid and delinquent tax bills on the Orange County Tax Administration Department's online database. Agencies that rent Orange County property or those located outside of the County are exempt from this fee. If exempt, please include a statement, with the agency's application materials.