

TOWN OF ZEBULON
NON-PROFIT ORGANIZATON
FUNDING APPLICATION
FISCAL YEAR 2019-2020

GENERAL INFORMATION		Date:
Agency/Organization Name:		
Mailing Address:		
City:	State:	Zip Code:
Physical Address (if different from mailing):		
Primary Contact & Title:		
Phone Number:	Fax Number:	
Email Address:	Website:	

ORGANIZATION INFORMATION

1) Is your agency incorporated as a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", please attach a copy of your IRS tax-exempt designation.
2) Does your Board of Directors consist of non-paid volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Number of years organization has been in existence:
4) Did your organization receive funding from the Town of Zebulon last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
4A) If no, skip to Question 5, otherwise indicate amount of funding:
4B) If yes, did you provide an update to the Board at their December 2018 meeting (see Certificaton)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) List your organization's Mission Statement:
6) Describe the service your organization intends to apply this grant towards:
7) Is this service similar to one provided by the Town? <input type="checkbox"/> Yes <input type="checkbox"/> No. 7B) If "No", please jump to Question 8. 7A) If "Yes", how can your organization provide the service more effectively or efficiently than the Town?
8) Do you think this service can accomplish a task within one of the Town's Strategic Plan focus areas (Ref: www.Zebulon2030.com)? If so, how? <input type="checkbox"/> Small-Town Life <input type="checkbox"/> Vibrant Downtown <input type="checkbox"/> Grow Smart

9) Municipal tax revenue collected is intended to support municipal services (such as fire, police, public works, parks & recreation). Is this service outside Zebulon's municipal services (examples of these services include those that are centered on health, education, or welfare)?

9A) If no, skip to Question 10.

9B) If yes, please explain the need this service addresses within Zebulon.

10) How many Zebulon citizens do you serve annually?

11) In the upcoming year, what metric(s) will you measure to ensure these grant funds are effectively progressing towards meeting the service goal or need?

Annual budget: _____ ; % Administration

Sources of revenue for annual budget (by amount and %):

REQUEST INFORMATION

Amount requested from Town of Zebulon:

Are you interested in making a brief presentation to the Board of Commissioners on Monday, March 4 @ 7:00 PM? Yes No

Certification

We certify to the best of our knowledge that the information provided in this application is accurate and complete and is endorsed by the organization.

If awarded a grant, I understand and am prepared to make two reports to the Board of Commissioners on how the grant is being used and what progress is being made on the service goal or need. These presentations will occur during the Board of Commissioners regular meetings scheduled for December & March. The anticipated dates of those meetings are: Monday, Dec. 2, 2019 @ 7:00; Monday, March 2, 2020 @ 7:00.

Signature:

Print Name & Title:

APPLICATION DUE BACK TO FINANCE OFFICE BY FEBRUARY 11, 2019