

TOWN OF ZEBULON
NON-PROFIT ORGANIZATION
FUNDING APPLICATION
FISCAL YEAR 2017-2018

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) Did you provide an update to the Board at their December 2016 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) Will this service duplicate a Town service? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", how will this service make the Town service more effective or efficient? If "No", please jump to Question 8.
8) Is this service related to one of the Town's following service area responsibilities? <input type="checkbox"/> Community Policing <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Recreation Programs <input type="checkbox"/> Economic Development <input type="checkbox"/> Environmental Stewardship (Tree City USA, Adopt a Stream) <input type="checkbox"/> Public Property Maintenance (Cemetery clean up, park clean up, Adopt a Street)

9) If this service is outside of the Town's service responsibility such as health, education, or welfare; please explain the need within the Zebulon Town limits. Also describe how these funds may be used to leverage funds from other public agencies to better meet these needs.

10) Estimated number of Zebulon citizens served annually:

11) What metric(s) will you measure to ensure your organization is effectively progressing towards meeting the service goal or need?

Annual budget: _____ ; % Administration

Organization sources of funding (by type, not individual) 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 6 @ 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. I understand, that by signing this application, that if awarded a grant, I 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. 4, 2017 @ 7:00; Monday, March 5, 2018 @ 7:00.

Signature:

Print Name & Title:

APPLICATION DUE BACK TO FINANCE OFFICE BY FEBRUARY 17, 2017