



# ALEXANDER COUNTY

## Non-Profit Organization Funding Application FY 2024-2025

Non-Profit Organization:	
Physical Address:	
Mailing Address:	
Phone:	Fax:
Organization Website:	
Executive Director:	
Email:	
Amount Requested:	

1. What is the mission of your organization?
2. Explain how the programs and services of your organization do one or more of the following:
  - Complement or enhance a current county service at a reduced cost.
  - Provide a service to the community through means that are more cost effective than the government.
  - Fill in gaps that may exist between government services and community needs.
3. What do you propose to do with funding from Alexander County Government?
4. What are your program goals and how will you measure your success?

**Applications are due to the Alexander County Administration Office, 621 Liledoun Road, Taylorsville, NC 28681 by 5:00 p.m. on Wednesday, February 28, 2024. Late applications will not be accepted.**



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5. Please complete the following to reflect your income and expenses from your Income Statements. If necessary, change or add line descriptions to fit your needs.

<b>ORGANIZATION REVENUES</b>	<b>Actual Amounts 2022-2023</b>	<b>Estimated Amounts 2023-2024</b>	<b>Proposed Amounts 2024-2025</b>
Alexander County	\$	\$	\$
<b>Government Fees &amp; Grants (Specify Agency)</b>			
A.			
B.			
C.			
D.			
<b>United Way Allocation</b>			
<b>Contributions – Sponsor Fees</b>			
<b>Special Events</b>			
<b>Membership Dues</b>			
<b>Program Service Fees/Revenues</b>			
<b>Sales of Materials</b>			
<b>Investment Income</b>			
<b>Miscellaneous</b>			
<b>Transfers from Restricted/Endowed Funds</b>			
<b>REVENUE TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>ORGANIZATION EXPENDITURES</b>			
<b>Salaries</b>	\$	\$	\$
<b>Employee Benefits</b>			
<b>Payroll Taxes</b>			
<b>Professional Fees:</b>			
Program Related Consultants			
Other Consultants			
Legal Fees			
Accounting Expenses			
<b>Supplies</b>			
<b>Telephone</b>			
<b>Postage/Shipping</b>			
<b>Rent</b>			
<b>Rental/Maintenance of Equipment</b>			
<b>Printing &amp; Publications</b>			
<b>Travel &amp; Transportation</b>			
<b>Conferences/Conventions/Meetings</b>			
<b>Assistance to Individuals (Fees/Awards/Grants)</b>			
<b>Membership Dues</b>			
<b>Interest Expense</b>			
<b>Insurance</b>			
<b>Payments to Affiliated/National Organizations</b>			
<b>Miscellaneous</b>			
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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6. Describe the population served by your nonprofit: Where are they located?
  
  
  
  
  
  
  
  
  
  
7. How many individuals were served by your organization? Individuals should be counted as if they participate in no more than one organization program.  
  
2021-2022 program year \_\_\_\_\_  
2022-2023 program year \_\_\_\_\_  
2023-2024 program year \_\_\_\_\_ (estimated for full year)  
2024-2025 program year \_\_\_\_\_ (projected)
  
  
  
  
  
  
  
  
  
  
8. Describe your strategy for funding after the Alexander County appropriation ends on June 30, 2025:
  
  
  
  
  
  
  
  
  
  
9. What other organizations (if any) provide services similar to yours and how do do you coordinate service delivery with those other organizations?
  
  
  
  
  
  
  
  
  
  
10. Attach a copy of the organization's IRS tax-exempt letter proving 501(c)(3) non-profit status.



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### Certification

**Financial Recordkeeping:** Non-profit organization agrees to furnish financial records to Alexander County at the request of the County which may include, depending on funding amount, the latest annual financial statement and filed IRS Form 990 upon written demand.

**Program Monitoring:** Each nonprofit organization awarded funds is required to submit an end of the budget year program report. This report will detail how the County funds were spent and what progress was made toward the goals stated in your funding application.

By signing below, we acknowledge that the information contained in this application is accurate. We understand that if awarded funding, we will comply with the financial and program data described above.

Executive Director: \_\_\_\_\_  
Name, Signature, and Date

Board Chair: \_\_\_\_\_  
Name, Signature, and Date