City of
HIGH POINT
NORTH CAROLINA

BUDGET

OUTSIDE AGENCY FUNDING APPLICATION FY 2021/2022

Deadline: Friday February 26, 2021

Non-Profit Agency Application Guidelines

The application and review process is as follows:

1. All Non-Profit requests will be submitted to the City of High Point's Budget and Evaluation Department. The Department will compile the requests and forward to the City Council Finance Committee.
2. The City Council Finance Committee will review all Non-Profit requests. All meetings will be public meetings, and all packet materials are public documents.
3. The City Council Finance Committee reserves the right to require any Non-Profit agency requesting funds to make a presentation to the City Council Finance Committee prior to any funding decisions.
4. If funded, the City Council Finance Committee reserves the right to require the agency to make a mid-year update to the City Council Finance Committee, to give a report on how the funds have been or will be spent.
5. The following items must be submitted prior to funding consideration:
    a. A completed copy of the Non-Profit Agency Funding Application
    b. A copy of the current IRS 501(c)3 Non-Profit status certification letter
    c. A list of the current Board of Directors
    d. The most recent copy of an independently audited financial statement or if unavailable a board approved financial audit statement
6. Any applications that are not submitted by the due date, or are missing information on the application, or are missing the requested supporting documentation will not be considered for funding.

The City Council will take final action on the funding requests as part of the annual budget adoption process in June. If approved, the funds will be disbursed after the start of the new fiscal year. Approved funding under $20,000 will be disbursed in a lump sum during the first month of the fiscal year. Approved funding over $20,000 will be disbursed on a quarterly basis during the fiscal year.

The City of High Point is committed to providing financial assistance to non-profit agencies which assist the City in carrying out its mission and strategic. Non-profit agency funding is distributed on an annual basis through an established process that ensures transparency, accountability, and consistency in the funding of non-profit agencies.

Non-profit applications are evaluated by The City of High Point Finance Committee, which recommends agencies and funding amounts to the City Council. Final recommendations for funding are included in the City Manager's Recommended Budget that is presented to the City Council. Non-Profit agencies approved for funding will be notified within one week of the budget adoption.

Agencies that receive funding are required to submit written progress reports as specified by the City of High Point. Funded projects will be monitored for progress and performance, financial and administrative management. Monitoring may involve site and/or office visit(s).

Funding Process Timeline

Monday January 4, 2021	Application sent out and available on Website
Friday February 26, 2021	**Applications Deadline – 5pm**
Friday March 19, 2021	Application packet to City Council Committee
Monday March 22 - Friday April 9, 2021	Application review and recommendations
Monday June 7, 2021	City Council Budget Approval

Non-Profit Agency Application

FY 2021-2022

Basic Identifying Information

Agency Name:		Website:
Mailing Address:		Suite #:
City:	State:	Zip:
Agency Director:		Agency Telephone #:
Agency Email:		Agency Fiscal Year End: (mm/dd/yyyy)
Total Agency Budget:	Amount of Funding Requested for FY2021-2022:	# of Years in Business

Organizational Overview

Please provide and overview of the organization. Include the organization's major services, programs and activities provided.

Include the organization's mission statement

Program/Service for Which Funding is Being Requested

Describe the program or service proposed and the specific need it will address and explain the strategy that will be used to address the problem

Describe the specific service delivery process, including staffing, key activities and timelines

Provide a detailed revenue and expenditures budget for requested funds
(attach an additional sheet if necessary)

Identify the characteristics of the target population that will benefit directly from the program/service (include the % of non-High Point residents served)

Describe the specific location(s) within the City of High Point where your program/service will be provided

If applicable, describe how your agency will collaborate with, partner with or leverage funds from other organizations to achieve the intended results for the program/service. What other agency provides similar service(s)

Outcome and Effectiveness

Has this program/service been funded in the past by the City of High Point (Check One)

Yes ☐ *No* ☐

If so include a funding history for the most recent three years

Indicate the percentage of your total annual budget represented by City funding

Describe the evaluation tool(s) your agency will use to measure the outcomes and effectiveness of the program/service

If this is an existing program/service, please provide the following

1) *Outcomes achieved over the past three years*

2) *Total population served per the program/service*

Questions and Acknowledgment

Other specific comments in support of your budget request
(attach an additional sheet if necessary)

By Submitting this form, I hereby acknowledge that:

I am authorized to submit this application and the supporting documentation on behalf of my agency

This application will not be considered for funding unless all of the correct documentation has been submitted with this application

Completed by: _____ *Title:* _____

Signature: _____ *Date:* _____

City of High Point
Budget & Evaluation Department

Non-Profit Agency Supplement

FY 2021-2022

Basic Identifying Information

Agency Name:		Website:
Mailing Address:		Suite #:
City:	State:	Zip:
Agency Director:		Agency Telephone #:
Agency Email:		Agency Fiscal Year End: (mm/dd/yyyy)
Total Agency Budget:	Amount of Funding Requested for FY2021-2022:	# of Years in Business

How has COVID-19 affected your organization

The program/service for which you requested funding, is funding still needed for that purpose

Have you received funding from other sources that will allow you to take your program/services and redirect your organizations purpose

Have your organization collaborated with other agencies/organizations

By Submitting this form, I hereby acknowledge that:

I am authorized to submit this supplemental information on behalf of my agency

Completed by: _____ *Title:* _____

Signature: _____ *Date:* _____