

# COLUMBUS COUNTY APPLICATION CHECKLIST FOR COUNTY APPROPRIATIONS

Signed Application Form and two (2) full copies of application.
Articles of Incorporation and Corporate Bylaws
Copies of Official Minutes of all Board of Directors Meetings within the 6 months prior to the date of the funding application. (All minutes should include a list of the members present.)
Copy of IRS tax-exempt status determination letter (A true copy of IRS Form 1023 will be accepted from organizations that have completed the form and submitted it to the IRS but that have not yet received a determination letter.)
Copy of most recently filed IRS Form 990 if applicable.
Copy of most recent independent audit (Organizations that are not required by law to have an independent audit must clearly state the reason for their exemption from the requirement.)
A schedule of planned revenues and expenses (for entire organization) for the current year (FY 2024 -2025) and the proposed year (FY 2025 -2026), specifically identifying all sources of revenue for both periods.



## **COUNTY OF COLUMBUS**

# **FUNDING POLICY**

**Principles:** 

Funds shall only be appropriated to organizations that can document compliance with all applicable federal and state regulations related to tax-exempt status.

Organizations requesting funding should be able to document that they provide on-going services to the community, are governed by a volunteer board of directors that serves without compensation, and that their financial management is subject to an independent audit/review at the completion of the year for which the funds are requested.

Funds shall only be appropriated for public purposes.

Requests for funding will only be accepted during the County's annual budget preparation process. A specific timetable for the process will be developed and disseminated each year.

Requests for funding for direct services to Columbus County residents shall be given the highest priority for funding.

Requests for services that duplicate services that are already available (supply = demand) to the public through other means will be given the lowest funding priority.

#### Process:

Completed application packets that are submitted to the County by the deadline established in the annual timetable will be referred to the Finance Director. Incomplete applications will not be consider.

The Finance Director will review applications in accord with the Non-Profit Funding Criteria and will make funding recommendations to the County Manager.

The County Manager will in turn make funding recommendations to the Board of Commissioners.



## COUNTY OF COLUMBUS NON-PROFIT FUNDING CRITERIA

Funded services must be equally available to all eligible residents of the County. Each non-profit organization may develop its own service eligibility criteria, but such criteria may not include any form of illegal discrimination. If the agency charges fees for services to be provided with County funding those fees must be applied on a sliding fee basis that allows all to participate irrespective of their ability to pay full cost.

The applicant organization should clearly demonstrate its ability (i.e., that it has appropriate staffing, financial resources, equipment, etc.) to provide the proposed services.

Proposals shall clearly identify the relationship between the funding request and the provision of a given service or services.

Proposals shall clearly document the need for the proposed services.

Proposals shall identify the number of Columbus County residents that are expected to receive direct services during the fiscal year as a result of County funding. Renewal requests shall indicate the actual number of Columbus County residents served during the funded period.

Proposals that request funding for services that are already available in the County must clearly demonstrate that they will address an unmet service demand, or that they will deliver comparable services at a significantly lower unit cost than the currently available services.

Each organization that receives funding shall present a written report to the County on or about January 15<sup>th</sup> and July 15<sup>th</sup> of each year that documents its success in providing the funded services during the prior 6 months.



## COUNTY OF COLUMBUS NON-PROFIT APPLICATION INSTRUCTIONS

Application forms are available in printed or electronic form. Potential grantees must provide **Two (2) copies** of each proposal.

Completed applications are due **Friday, March 7, 2045 by 7:00 PM**. Applications should be mailed to Heather Woody, Interim Finance Director 127 W. Webster Street, Whiteville, North Carolina 28472 or delivered to the Administration Building located at 127 W. Webster Street, Whiteville, North Carolina.

Completed applications must be signed by the chief paid officer and the Board Chairperson of the organization.

If you need more space to respond to questions than the application form allows, you may attach clearly labeled additional pages.

Please make sure that all items on the application checklist are in the packet. The funding review committee will not review incomplete applications.

Each application should request funding for a specific activity or service. If an organization wishes to be considered for funding of more than one activity, then a separate application should be completed for each activity. *Only one set of attachments will be needed if an organization applies for funding for more than one activity.* 

Questions about the application should be directed to Heather Woody, 640-6611 or finance@columbusco.org.

	CUUNTY OF	
COUNT	<b>TY OF COLU</b>	J <b>MBUS</b>
APPLIC	CATION	FORM

**CONTACT INFORMATION:** 

CITY  STATE  ZIP    PHONE  ( )  -  EMAIL    DIRECTORS CHAIRMAN'S NAME:				
ME: TITLE:    CITY STATE  ZIP    PHONE (_)  -  FAX (_)  -  EMAIL    F DIRECTORS CHAIRMAN'S NAME:   EMAIL		STATE		
CITY  STATE  ZIP    PHONE  ( )  -  EMAIL    of Directors Chairman's Name:	PHONE () -	FAX ( ) -	EMAIL	
CITY  STATE  ZIP    PHONE (_)  -  FAX (_)  -  EMAIL    F DIRECTORS CHAIRMAN'S NAME:	ME:	TITLE:		
PHONE (	3:			
DF DIRECTORS CHAIRMAN'S NAME:	Сіту	STATE	Zip	
CITY STATE ZIP	PHONE ( ) -	<b>FAX</b> ( ) -	EMAIL	
PHONE ( ) - FAX ( ) - EMAIL	3:			
PHONE ( ) - FAX ( ) - EMAIL				
00 WORDS OR LESS) NARRATIVE DESCRIPTION OF SERVICES TO BE PROVIDED WITH COUNTY FUNDS:	PHONE () -	FAX _(	EMAIL	

	COUNTY OF COLUMBUS APPLICATION FORM
REQUESTED AMOUNT OF FUN	DING:
WHY DO RESIDENTS OF COLU	MBUS COUNTY NEED THE PROPOSED SERVICES?
HOW WILL THE SERVICES BE F	PROVIDED?
ARE SIMILAR SERVICES AVAIL	LABLE IN COLUMBUS COUNTY FROM OTHER PROVIDERS?
ARE SIMILAR SERVICES AVAIL IF SO, WHO CURRENTLY PROV	



IF SO, WHAT IS THE ADDED VALUE TO THE COUNTY OF YOUR SERVICES?

IF SO, HOW WILL YOU COORDINATE SERVICES WITH OTHER PROVIDERS TO ENSURE THAT INDIVIDUALS WILL NOT RECEIVE THE SAME SERVICE FROM MORE THAN ONE PROVIDER?

HOW WILL YOU ENSURE THAT THE SERVICES ARE EQUALLY AVAILABLE TO ALL ELIGIBLE RESIDENTS OF COLUMBUS COUNTY?

DATE

Application Form 2025-Printable Version.doc