



COUNTY OF WARREN
NON-PROFIT AGENCIES FUNDING
APPLICATION

FY 2019-2020

New Application

Renewal Application

PLEASE TYPE OR PRINT APPLICATION – ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED

ORGANIZATION NAME: _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ EMAIL _____

CEO NAME: _____ TITLE: _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ EMAIL _____

BOARD OF DIRECTORS CHAIRMAN'S NAME: _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ EMAIL _____

THIS PROGRAM SERVED _____ LOW TO MODERATE INCOME PERSONS IN THE PAST 12 MONTHS*

*Individuals should be counted as if they participate in no more than one agency program.

Please indicate the number of Board Meetings held during the last complete program year: _____

Provide a brief description of the agency's mission, goals, and programs.

Describe your agency's sources of funding and the stability of that funding. If local, state or federal funding sources are expected to change, please explain.

Amount of County Funding Requested: _____

Provide a brief (100 words or less) narrative description of the anticipated uses of County funds and reason needed (are other sources of funding available?)

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WHY DO RESIDENTS OF WARREN COUNTY NEED THE PROPOSED SERVICES?

EXPLAIN IN DETAIL HOW THE SERVICES WILL BE PROVIDED?

ARE SIMILAR SERVICES AVAILABLE IN WARREN COUNTY FROM OTHER PROVIDERS? YES No

IF SO, WHO OR WHAT AGENCY IS CURRENTLY PROVIDING THE SERVICE(S)?

IF SO, WHAT IS THE ADDED VALUE TO THE COUNTY OF YOUR SERVICE(S)?

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

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

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Please attach a copy of the following “required” documents in support of this funding application. Please initial each item to confirm compliance.

1. A copy of the agency's Internal Revenue Service tax-exempt status determination letter. _____
2. A roster of the Board of Directors that includes all members' mailing addresses, phone numbers, email addresses and terms of office. _____
3. A copy of the Agency's current year's budget. _____
4. A copy of the prior year's and current year's annual audit performed by a CPA firm. (The current year's audit must be received within 90 days of the end of the fiscal year.) Those organizations not required to perform an audit should provide a copy of IRS form 990, “Return of Organizations Exempt from Income Tax.” _____
5. A copy of the minutes of the most recently held annual meeting of the Board of Directors. _____
6. A copy of the Articles of Incorporation and By-Laws of the agency. _____
7. A letter or form stating the agency will abide by the following guidelines: _____
 - a. That all board meetings are open to the public and that the Warren County Clerk to the Board of Commissioners is notified at least 48 hours in advance of all meetings held.
 - b. That all financial records are open to the public upon reasonable notice.
 - c. That the agency will obtain bids for capital outlay items funded with County dollars, and be able to provide adequate written documentation of such upon reasonable request,
 - d. That the agency will avoid conflict of interest in funding programs which are otherwise provided by the private sector.
 - e. That the agency will abide by all Federal, State and local laws and ordinances.
 - f. That the agency will use County funds only for the purpose for which the funds were appropriated.
 - g. That the agency will repay any funds that are in violation of the stated purpose for receiving the appropriation.

If unable to provide any item in the preceding list of required documents, please indicate reason below:

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AGENCY CERTIFICATION

By signing below we acknowledge that this funding application packet has been reviewed thoroughly and is complete. We understand that Warren County will not consider any funding applications that are incomplete or that do not contain all requested and /or required agency and program information and supporting documentation.

EXECUTIVE DIRECTOR

CHAIRMAN OF THE BOARD

Type/Print Name

Type/Print Name

Signature

Signature

Date _____

Date _____