



**City of Kinston, North Carolina
Organization Support
Appropriation Application**

PART I. APPLICANT INFORMATION

Name/Agency: _____

Funding Request: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Email: _____

Website: _____

EIN (Federal Tax ID Number): _____

Date Application Completed and Turned In: _____

Executive Director: _____

Chairman of the Board/President Name: _____

Year Organization Founded: _____

Check Which Best Applies to Your Request:

<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Economic Development
<input type="checkbox"/> City Wide Community Enhancement	<input type="checkbox"/> Human Services

A. ORGANIZATIONAL SUMMARY/PURPOSE OF GRANT

1. In the space below, provide your organization's Mission Statement.

2. Organization Description. Provide an overall description of your organization. (100 word maximum)

3. Describe your program or project and the goals of the program or project. Include information on outreach initiatives and information on partnerships with other organizations that will enhance or expand the program or project. (100 word maximum)

4. Please clearly show all in-kind matches to your agency or organization. Please list the donor and describe the in-kind match.

5. Please clearly list any cash matches to your organization.

PART II: NEED & IMPACT

1. In the space below, describe why your project or program is needed. Why will funding this program be a success to the organization's theory of change. Cite Sources and Evidence. Explain how it is not duplicated by other agencies or the City of Kinston.(500 word maximum)
2. In the space provided, list the expected outcomes for the project/program that you are hoping to fund. (250 word maximum)
3. Explain why you believe the City of Kinston needs to fund this program or project. (100 word maximum)

Part III. ADMINISTRATION AND BUDGET

Budget and Budget Narrative

A. Complete the following using your most recent IRS 990 Attachment 3 of financial statements.

1. Total Agency Revenues \$ _____
2. Total Agency Expenses \$ _____
3. Grant Request as a percentage of the Total Agency Revenue \$ _____

B. Explain how requested funds will be spent. In case of partial funding, how will the budget be modified? (100 word maximum)

C. Describe the effectiveness of your fundraising efforts and address how your organization is working to increase its earned income. (250 word maximum)

D. How will the success of the program/project be defined and measured? Describe your evaluation method and who will determine if the program/project was a success? (250 word maximum)

E. Please list the names, qualifications and experience of your staff, especially as regards the program/project you wish to fund.

APPLICATION CHECKLIST

_____ **Completed Application**

_____ **Attachment 1: Articles of Incorporation**

_____ **Attachment 2: Current Business Corporation Annual Report from the Secretary of State**

_____ **Attachment 3: Letter Demonstrating non-profit 501©(3) Status of the Federal Tax Code**

_____ **Attachment 4: List of the Agency's Board of Directors**

_____ **Attachment 5: Budget for the Program that the City is being requested to fund.**

_____ **Attachment 6: Annual Budget Adopted by the Board of Directors**

_____ **Attachment 7: Financial Statement (Audit or IRS Form 990)**

_____ **Attachment 8: Bylaws of the Agency**

_____ **Attachment 9: Statement Indicating if City Funding will be used to Match Federal, State or Foundation Grant**

_____ **Attachment 10: A signed statement certifying that all information is correct to the best of your knowledge.**