



**Town of Kure Beach
Outside Agency Funding Application
2011/2012**

**Finance Officer
Town of Kure Beach
117 Settlers Lane
Kure Beach, NC 28449**

Application Deadline: Tuesday, March 15, 2011 at 12:00 noon

2011/2012 Outside Agency Application for Funding

Agency Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Contact Name and Title:		
Brief Description of Organization (50 words or less):		
<p>Has anyone associated with the agency organization within the last five years been accused of malfeasance, misuse of agency funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a letter of explanation to this application.</i></p>		
Type of Application (choose the category and type it, below):	<p><u>Category 1</u>: Your proposal meets a public need of the residents of Kure Beach that is not addressed by Town of Kure Beach services. <u>Category 2</u>: Your proposal supplements an existing service provided for by the Town of Kure Beach or implements an identified goal established by the Town Council.</p>	
Did your agency receive funding from the Town of Kure Beach in 2010/2011? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of all funds in 2010/2011 allocated from all Town of Kure Beach sources: \$		
Amount of estimated value of all in-kind Town of Kure Beach 2010/2011 contributions received: \$		
Amount of Funding Requested for 2011/2012: \$		
Amount of estimated value of all in-kind Town of Kure Beach 2011/2012 contribution anticipated: \$		
Amount of 2011/2012 Estimated Total Agency Budget Income: \$		
Amount Requested from the Town of Kure Beach is _____ % of your total budget.		

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2011/2012 Outside Agency Application for Funding (continued)

The following is a checklist of additional materials required. When submitting your application to the Town of Kure Beach, please assemble the completed application and requested materials in the following order (written explanations are limited to one page):

- Application form completed and signed by president or chairman of non-profit board with any requested additional lists or statements
- An explanation of how the funds requested will meet a public need for the residents of Kure Beach **OR** an explanation of how the funds requested will supplement an existing service.
- An explanation of whether your organization's mission or services are duplicated by another organization, or other organizations and, if so, how coordination of services occurs.
- An explanation of the measurable goals or outcomes, and an implementation plan including timeframes for the use of the funds.
- What percentage of the Town of Kure Beach's population will be served by these funds? What services will be provided to this population? Explain how the service is beneficial to the Town of Kure Beach.
- A copy of your current budget with a statement of anticipated changes for the upcoming year.
- End of the year financial report to include 12-month profit and loss statement and an explanation for any reserves held by the organization.
- Copy of the prior year IRS tax return.
- Previous year audit report and all management letters for last 3 years, if applicable. If your organization does not require an audit report, please provide a sworn statement of accounting for all receipts and expenditures or a certification statement by the Board of Directors' Treasurer stating that the organization's accounting system is adequate and sufficient to manage Town of Kure Beach funds.
- List of Board of Directors including terms of office and officer assignments. Also, a statement confirming that the composition of the current Board of Directors meets the organization's bylaw requirements **OR** an explanation if it does not.
- List of paid staff and salaries
- Certificate authenticating non-profit status
- Current NC solicitation license

***If any of the above items are not included in your application, please provide an explanation on a separate sheet of paper placed in the order requested.

I have the authority and hereby certify that the information contained in this application and the accompanying documents are true, that all financial documents have been reviewed for accuracy and that the application is made with the knowledge and proper authorization of the organization.

Name of Person Completing Application:

Title:

Signature: _____

Date Signed:

Name of Board President/Chairperson:

Title:

Signature: _____

Date Signed:

AFTER COMPLETING THE APPLICATION ONLINE, PLEASE PRINT AND SIGN WHERE REQUIRED. MAIL ONE ORIGINAL AND SIX COPIES OF THE COMPLETED APPLICATION AND SUPPORTING MATERIAL TO THE ADDRESS LISTED ON THE COVER PAGE.

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