



**ONLOW COUNTY
NON-PROFIT AGENCY
ASSISTANCE GRANT**

ORGANIZATION NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

AGENCY FISCAL YEAR (month/year): _____

COUNTY FUNDS REQUESTED FOR FY _____ : \$ _____

TYPE OF ACTION:

INITIAL FUNDING

CONTINUATION OF PREVIOUS EVENT FUNDING

Please return completed form and accompanying information to:
Onslow County Finance Office
234 NW Corridor Blvd
Jacksonville, N.C. 28540

Application Deadline is _____

Instructions

- ❖ To be considered for grant funding, the non-profit organization must complete the Non Profit Agency Tourism Assistance Grant Application Form in its entirety.
- ❖ Please be sure that all supporting schedules are provided at time of application
- ❖ Successful grant applicants must execute a contract with Onslow County subsequent to the award of grant funding. A draft copy of this agreement is provided for your review. A finalized contract will be prepared and signed once the appropriation is approved and the County Budget has been formally adopted.
- ❖ Please be sure the application is signed certifying that you have read and agree with the contract.
- ❖ Applicant should be prepared to appear at a scheduled meeting of the County Board of Commissioners to answer any questions.
- ❖ Return the application electronically or via email. Fax, email and address are displayed

on Page 1.

APPLICATION CHECKLIST

Please insure that the following required attachments are included.

Article of Incorporation and Corporate Bylaws *

Copy of IRS tax-exempt status determination letter * (A notarized copy of IRS Form 1023 will be accepted from organization that have completed the form and submitted to the IRS but have not yet received a determination letter)

Copy of most recently filed IRS Form 990

Copy of most recent independent audit or financial report * (if no audit or financial report is available there must be an explanation as to why one is not available.)

Agency organization chart

List of all board members (name, address, term, office)

Schedule of Board Meeting dates and time for fiscal year

* If you filed the forms with a previous approved funding application to the County, they do not need to be submitted again if they have not changed since that time.

1. Agency/Special Project Name _____

2. Amount of Special Project Request \$ _____

3. Description of project. Description must include purpose, outline, needs assessment and intended results of the project. Attach additional sheets if necessary.

4. Summary of sources and amounts of funding of project/event for the past five years.

Funding by Source						
Fiscal Year Ending _____ (Month & Day)						
	Actual				Estimated	Budget
Federal						
State						
County						
Other						
Total						

5. Summary of expenditures for project/event for the past five years

Summary of Expenditures by Type						
Fiscal Year Ending _____ (Month & Day)						
	Actual				Estimated	Budget
Salaries & Benefits						
Operating Expenses						
Capital Outlay						
Other						
Total						

6. Will this project be an annual event? Yes No

7. FY Detail Budget (for festival or event funding provide complete detail budget for including income, expenditures and anticipated revenue. For administrative/operational grant provide total operating budget for the organization)

Budget				
Revenues		Expenditures		
Source	Amount	Use of funds		Amount
Tourism Grant		Salaries & Fringe benefits:		
State Grant				
Federal Grant		Operating Expenses:		
Other (specify)		Advertising		
		Supplies		
		Professional services		
		Other (specify):		
		Capital Outlay:		
		New Equipment		
Total Revenues		Total Expenditures		

8. Does the Organization/Agency receive any tax funding? Yes No

If yes, how much? \$_____

9. Does the Organization/Agency receive funding from a foundation(S)? Yes No

If yes, how much? \$_____

10. What is the Organization/Agency annual budget? \$_____

11. Name and Address to Appear on Reimbursement Check:

12. Number of employees:

Full time

Part time

Temporary

13. Please provide the names and titles of the personnel in your organization responsible for authorizing disbursement of funds.

14. Do these individuals sign checks? Yes No

If No, Who does? _____

Are they bonded? Yes No

Bonded amount? \$_____

I certify that the above information is true and correct to the best of my knowledge. I further certify that I have reviewed and accept the terms of the attached contract if funding is approved.

Signature of Agency Director

Date

CONTRACT

Sample

NORTH CAROLINA
ONslow COUNTY

This AGREEMENT made and entered into this ____ day of _____, 20XX, by and between Onslow County, North Carolina, hereinafter referred to as the "COUNTY", and _____, hereinafter referred to as the "AGENCY".

WITNESSETH:

WHEREAS, the AGENCY has requested certain funds from the COUNTY to carry out its programs and activities as presented in the application for funding and

WHEREAS, in response to such request, the Board of County Commissioners has appropriated the sum of \$_____ for the period July 1, 20XX through June 30, 20XX to support this purpose; said sum being derived from County funds, pass through grant funds or both; and

WHEREAS, it is desirable and necessary to enter into this AGREEMENT in order to set forth the terms and conditions for receiving said funds from the COUNTY.

NOW THEREFORE, in consideration of the following, the parties hereto do mutually agree as follows:

1. The AGENCY agrees to use the funds appropriated by the COUNTY in the manner and for the purposes as stated on the Grant forms submitted to the COUNTY or as otherwise approved by the County, which are incorporated by reference into this AGREEMENT.
2. In consideration for the performance by the AGENCY of the services outlined on its Grant forms, which are hereby incorporated by reference, the COUNTY agrees to pay the AGENCY up to the amount of money authorized in the Onslow County Budget for the grant period. Payment of such amount shall be made in quarterly payments by the COUNTY, except as outlined in 9bof this document and upon receipt of all necessary documentation from the AGENCY including financial or audit reports for the prior year.
3. If the AGENCY fails to perform its obligations under this AGREEMENT, or if the AGENCY violates any of the provisions of this AGREEMENT, the COUNTY shall have the right to immediately terminate this Agreement by giving written notice to the AGENCY of such termination. In such event, all funds paid to the AGENCY for that quarter shall be refunded pro rata the COUNTY. The AGENCY shall be fully liable to the COUNTY for all improperly expended funds. The COUNTY may additionally terminate this AGREEMENT without cause upon thirty (30) days advance notice to the AGENCY.
- 3a. (Pass-Through Grant) If the AGREEMENT is terminated by the COUNTY involves funds related to a pass-through grant(s); all unexpended funds at the time of such termination shall be properly repaid to the COUNTY. The AGENCY shall be fully liable to the COUNTY for all improperly expended funds in the same amount, as the COUNTY is found liable for repayment by the granting AGENCY.
4. The AGENCY shall not assign any interest in this AGREEMENT and shall not transfer any interest in this AGREEMENT without prior written approval of the COUNTY.

5. In connection with the performance of this AGREEMENT, the AGENCY shall not discriminate against any employee, applicant for employment, or program participant because of race, religion, color, sex, age, handicap, or national origin.
6. The AGENCY shall maintain all accounts, books, ledgers, journals, and records in accordance with generally accepted accounting principles, practices and procedures.
7. The AGENCY must establish and provide to the COUNTY criteria that will be used in monitoring the accomplishment of established goals and objectives along with any performance measures.
8. The AGENCY shall submit to the Onslow County Finance Office annually a status report of all program activities including a summary of the accomplishment of stated goals and objectives.
9. Agency annual financial reporting:
 - a. The COUNTY shall be entitled to review the financial records and operations of the AGENCY at the COUNTY's discretion.
 - b. If COUNTY funding is \$4,999 or less the agency will be reimbursed based on submittal of appropriate documentation to support their claim for reimbursement to the County Finance Office. The Agency will provide an annual financial review.
 - c. If COUNTY funding is \$5,000 to \$49,999 the AGENCY shall provide a financial report compilation completed by an independent accountant, detailing expenditure of COUNTY funds.
 - d. If COUNTY funding exceeds \$50,000 the AGENCY shall have an annual audit of its financial records and operations performed by an independent certified public accountant with a copy of such audit being submitted to the Onslow County Finance Office.
 - e. Financial reports shall be approved by the AGENCY's Board of Directors.
 - f. The audit or financial report shall be submitted to the COUNTY by November 30 of each fiscal year.
10. Sales taxes are not eligible for reimbursement or applied against any grant funds. As a non-profit agency you are responsible to file with the State of North Carolina for any sales taxes paid for which you are due a refund.
11. The COUNTY shall be entitled to conduct program evaluations of the AGENCY's activities particularly as it relates to the accomplishments of established goals and objectives and the quality and impact of services being delivered.
12. The AGENCY must add the Onslow County logo to any printed or electronic media where applicable.
13. All books and records shall be maintained by the AGENCY for a period of at least three years from the date of the final payment under this AGREEMENT and shall be made available for audit or evaluation upon request during regular business hours of the AGENCY.
14. Meetings of the AGENCY's Board of Directors, Advisory Board or Governing Board must be open to the public. Notices of such meetings shall be provided to the Board of Commissioners and the County Clerk.
15. As a condition of receiving funds from Onslow County, the AGENCY agrees to fully indemnify and hold harmless Onslow County, its officers, agents and employees from and against any and all claims, demands, payments, suits, actions, costs, recoveries and judgments of every kind and description brought out of or occurring in connection with, directly or indirectly, activities funded in part or in whole with funds made available under this AGREEMENT.

- 16. The COUNTY is in no way responsible for the administration and supervision of the AGENCY's officers, employees, and agents, which persons it is agreed are not officers, employees, or agents of the COUNTY.
- 17. The appropriation of county funds lapses on June 30th. Only expenditures between July 1, 20XX and June 30, 20XX are eligible for reimbursement. Any request for reimbursement of funds must be submitted and received before July 30, 20XX.
- 18. This AGREEMENT may only be amended by written amendments mutually agreed upon by and between the COUNTY and AGENCY.
- 19. This agreement shall be interpreted in accordance with North Carolina law.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in their names by their duly authorized officers, their seals to be hereto affixed the day and year first above written.

ATTEST

ONSLOW COUNTY

County Manager

This Agreement has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

SAMPLE

County Finance Officer

Do not sign and submit contract with application

ATTEST

AGENCY

Secretary

Chairman of Board