



**ONslow COUNTY  
NON-PROFIT AGENCY  
TOURISM ASSISTANCE GRANT**

ORGANIZATION NAME:

ADDRESS:

CONTACT PERSON:

TITLE:

PHONE #:

FAX #:

E-MAIL ADDRESS:

AGENCY FISCAL YEAR (month/year):

PLEASE CONTACT TO SCHEDULE TIME FOR A 5 MINUTE BRIEF ON MARCH 24, 2021  
CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CONTACT EMAIL: \_\_\_\_\_

COUNTY TOURISM FUNDS REQUESTED FOR \_\_\_\_\_ :

TYPE OF ACTION:

1<sup>ST</sup> TIME OR 1 TIME FUNDING (SKIP #5 & #6)

CONTINUATION OF PREVIOUS EVENT FUNDING

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Please return completed form and accompanying information to:  
Onslow County Finance Office  
234 NW Corridor Blvd  
Jacksonville, N.C. 28540  
Electronically: [Finance\\_office@onslowcountync.gov](mailto:Finance_office@onslowcountync.gov)

**Application Deadline is**

## Instructions

- ❖ To be considered for grant funding, the non-profit organization must complete the 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.
  - ❖ Applicants will be given the opportunity to present a five-minute brief to the Onslow County Budget Team on March 24, 2021 beginning at 9 AM. Please provide contact information on page 1 of the application if your organization would like to participate. These briefs will be recorded for Board of Commissioner review.
  - ❖ Return the application & required documentation in 1 of 4 ways:
    1. Electronically via email to [finance\\_office@onslowcountync.gov](mailto:finance_office@onslowcountync.gov)
    2. Fax to (910) 455-3024
    3. Mail to Onslow County Finance Office (address on page 1 of application)
    4. Drop off at Onslow County Finance Office (address on page 1 of application)
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## 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, review, compilation 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 and have you failed to have a quorum at a Board meeting in the last 12 months? If yes, how many?

*\* 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. Project/Event Name
2. Date of Project/Event
3. Amount of Special Project Request \$
4. Attach a typed single page description of project. Description must include purpose, outline, needs assessment and intended results of the project.
5. Summary of sources and amounts of funding of project/event for up to five years.

	Year 1	Year 2	Year 3	Year 4	Year 5
Federal					
State					
County					
Sponsors					
<b>Total</b>					
In-kind					

6. Summary of expenses directly related to this project/event for up to five years

	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries & Benefits					
Operating Expenses					
Fixed Assets					
Other					
<b>Total</b>					

7. Economic Impact of Most Recent Event:

Overnight Stays Impact:

$$\begin{array}{rcccl}
 \text{Actual Number of} & & \text{County Impact} & & \text{Overnight} \\
 \text{Rooms Used} & & \text{Dollar} & & \text{Impact:} \\
 & & & & \\
 & & \text{X} & & =
 \end{array}$$

Daytime Visitor Impact:

$$\begin{array}{rcccl}
 \text{Number of} & \text{Average} & \text{Attendees Spending} & \text{County Impact} & \text{Daytime} \\
 \text{Attendees} & \text{Family Size} & \text{Outside of Event} & \text{Dollar} & \text{Impact:} \\
 & / & = & \text{X} & = \\
 & & & & \\
 & & \text{X} & = &
 \end{array}$$

$$\begin{array}{rcccl}
 \text{Economic Impact:} & \text{Overnight Impact} & \text{Daytime Impact} & & \\
 & & & & \\
 & & + & & =
 \end{array}$$

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

9. FY \_\_\_\_\_ Detail Budget (for festival or event funding provide complete detail budget including income, expenses and anticipated revenue.

Budget				
Income		Expenses		
Source	Amount			Amount
Federal	\$		Salaries & Benefits	\$
State				
County			Operating Expenses:	
Sponsors			Advertising	
Vendors			Supplies	
Admission			Professional Services	
			Entertainment	
			Insurance	
			Rental Equipment	
			Fixed Assets/New Equipment	
Total Income			Total Expense	
Anticipated Profit			Distribution of Profits	\$ amount or %

10. Estimated number of room nights used for this project/event

11. Estimated total number of visitors

Please describe how the Organization/Agency will quantify the number of visitors at the

12. Event/Festival:

13. Projected economic impact of project/event in Onslow County? \$

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

If yes, how much? \$

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

If yes, how much? \$

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

17. Name and Address to Appear on Reimbursement Check:

18. Number of employees:

Full time

Part time

Temporary

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

20. 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 Project Director

Date

## CONTRACT

# SAMPLE

NORTH CAROLINA  
ONslow COUNTY

This AGREEMENT made and entered into this 1st day of July, 2014, 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, 2014 through June 30, 2015 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 and/or upon receipt of all necessary documentation from the AGENCY including financial or audit reports for the prior year.
  - a. Payment of the amount appropriated for the agency may be made on a quarterly basis if the funding level is over \$25,000 and there are have been no restrictions placed on the funds. It is the responsibility of the agency to submit a quarterly invoice to the Onslow County Finance Office.
  - b. If the funding level is less than \$25,000 the funds will be disbursed upon receipt of the Request for Disbursement form (or similar recap document) along with copies of paid invoices requesting reimbursement of the expenditures. The request for reimbursement is to be net of all sales taxes paid.
  - c. If the request is to cover a one-time funding or other project with restrictions (i.e. bricks and mortar only project) a Request for Disbursement form (or similar recap document) along with copies of paid invoices is to be submitted. The request for reimbursement is to be net of all sales taxes paid.
  - d. Failure of the agency to file timely file the necessary financial or audit reports for the prior year may have their funds held until the requirement is met.
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:

Unless otherwise approved in writing by the County Finance Officer the following annual reports are required:

- a. If COUNTY funding exceeds \$50,000 the AGENCY shall have an audit of its financial records and operations performed by an independent certified public accountant every three years and financial report compilation every other year (year 1-compilation, year-2 compilation, year 3-audit) with a copy of such compilations and audit being submitted to the Onslow County Finance Office.
  - b. If COUNTY funding is \$50,000 or less the AGENCY shall provide an annual financial report compilation completed by an independent accountant, detailing expenditure of COUNTY funds.
  - c. If COUNTY funding is \$10,000 or less the AGENCY will provide an annual financial review completed by an independent accountant.
  - d. Financial reports shall be approved by the AGENCY's Board of Directors.
  - e. The audit or financial report shall be submitted to the COUNTY by November 30 of each fiscal year.
  - f. The COUNTY shall be entitled to audit/review the financial records and operations of the AGENCY at the COUNTY's discretion.
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.

**SAMPLE**

- 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. 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.
- 13. 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.
- 14. 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.
- 15. 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.
- 16. The appropriation of county funds lapses on June 30<sup>th</sup>. Only expenditures between July 1, 2014 and June 30, 2015 are eligible for reimbursement. Any request for reimbursement of funds must be submitted and received before July 30, 2015.
- 17. This AGREEMENT may only be amended by written amendments mutually agreed upon by and between the COUNTY and AGENCY.
- 18. 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

\_\_\_\_\_  
Administrative & Financial Assistant

\_\_\_\_\_  
County Manager

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

\_\_\_\_\_  
County Finance Officer

ATTEST

AGENCY

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chairman of Board