



## Madison County Administration

PO Box 579  
Marshall, NC 2753  
(828) 649-2854  
[www.madisoncountync.org](http://www.madisoncountync.org)

February 21, 2019

To Whom It May Concern:

It is time to prepare budget proposals for Fiscal Year 2019-20.

Enclosed you will find the application instructions and application for funding of non-profits. Electronic copies can be downloaded from our website at [www.madisoncountync.gov](http://www.madisoncountync.gov) under the Commissioners link.

Please note that the funding applications are due by 5:00 pm, Friday, March 6, 2019.

If you have any questions or need additional information please contact Rhea Hollars or Kary Ledford at 649-2854.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Hollars", with a long horizontal line extending to the right.

Rhea Hollars, CPA, CLGFO  
Finance Officer



PO Box 579

Marshall, NC 28753

Phone: 649-2854 Fax: 649-1021

# Madison County

## Non-Profit Agency Funding Application

Fiscal Year 2019-20

### SECTION I ORGANIZATIONAL INFORMATION

Organization Name	Executive Director
Contact Person for Grant	Phone Number
Mailing Address	E-Mail
City                      State                      Zip	Fax Number
Website address (if applicable)	Received County funding in last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Application <input type="checkbox"/> One-Time Project <input type="checkbox"/> Continuation <input type="checkbox"/> Expansion	Amount of Funding requested

### SECTION II SERVICE SUMMARY

<b>Mission Statement</b>
Please provide the organization's Mission Statement and/or general organizational information.

<b>Problem Statement</b>
Identify the problem or need your Organization will address.

<b>Target Population</b>
Describe the target population that will be served with the requested funds.

**Service Goals**  
 How will this service address the problem or need identified?

**Citizens Impacted**  
 How many citizens will be directly impacted by the program funds?

**Funding Implications**  
 Describe the impact on your organization, clients and/or services if the requested program funds are not approved.

**Partnerships**  
 Describe the organization's relationship to County Departments, if any. How does the organization coordinate those services with the County services?

**SECTION III**  
**PERFORMANCE MEASUREMENT**

**Key Activities**  
 What key activities/services will you provide to your customers in order to accomplish the service goal(s)?

<b>Service Outputs</b>					
<b>Example:</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>
<b>Number of after school participants served</b>	500	545	550	275	560
<b>Outputs</b>	<b>FY 2018</b>		<b>FY 2019 YTD</b>		<b>FY 2020</b>
	Target	Actual	Target	Actual	Target

**Service Outcomes**

Please identify 3-4 measures to assess the effectiveness of your strategies, achievement of goals, efficiency of service delivery or improvement of service delivery

<b>Example:</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>
Maintain passing test scores for after school participants	70%	68%	75%	76%	80%

Outcomes	FY 2018		FY 2019 YTD		FY 2020
	Target	Actual	Target	Actual	Target

**SECTION IV**  
**BUDGET DETAILS**

Service Budget			
REVENUE	FY 2018	FY 2019	FY 2020 Request
County Funding			
Municipal Funding			
United Way Funding			
Federal and State Funding			
Grant Funding			
Donations			
Program Service Fees/Other			
Other (specify):			
<b>Total Revenue</b>	0	0	0

EXPENSES	FY 2018	FY 2019	FY 2020 Request
Salaries and Related Expenses			
Operating Expenses			
Capital Expenses			
Other (specify):			
<b>Total Expenses</b>	0	0	0

Date last audit completed:

\_\_\_\_\_  
Fiscal Officer (Business Manager) Date

\_\_\_\_\_  
Executive Director (Program Manager) Date