

TOWN OF HOLLY SPRINGS

Local Civic Nonprofit Grant Application Rules

The following are eligibility requirements and rules set by the Town Council for the Local Civic Nonprofit Grant Program:

Who May Apply:

1. Non-profit agencies that hold or have applied for 501(c)(3) tax status and that have been in existence with a credible history of financial responsibility for at least two years. Evidence of 501(c)(3) status should be provided in the grant application (either the 501(c)(3) number; a copy of the 501(c)(3) application; or a sworn affidavit).
2. Applicant organizations that have not been in existence for 2 years or that have not obtained or applied for 501(c)(3) status may apply under the umbrella of another eligible agency that will serve as the applicant and provide fiduciary responsibility.
3. Private individuals or groups requesting funding for capital improvements, enhancements, or landscaping on Town-owned or Town-leased property. Such applications will be subject to the prior-approval of the affected Town department(s) in charge of said Town property before submission of an application for funding.

Grants May Be Used:

1. To support activities which serve a public purpose;
2. To support activities that the Town is authorized by law to engage in;
3. For only up to 25% of general budget support of an applicant's agency's total annual capital and operating budget or no more than \$2,500 per year, whichever is greater;
4. For only up to 25% of the costs for a specific public project or public event sponsored by the applicant agency and no more than \$2,500 per year;
5. Up to 100% of the monetary cost of materials to provide capital improvements, enhancement or landscaping on Town-owned or Town-leased property, based on the applicant's ability to provide matching in-kind services or funding and based on the Town's desire for the proposed improvement.

Grants May NOT Be Used:

1. To support of any activity that does not serve a public purpose;
2. To financially benefit any one person or group of persons;
3. To support any election campaign, political party or political activity;
4. To support any activity or group that discriminates based on religion, cultural background, national origin, sex, age, sexual orientation or physical or mental disability.

Grant Limitations and Accounting Requirements:

1. Grants of \$500 or less will not require matching funds from the applicant.
2. Grants of \$501 to \$2,500 will require either:
 - a. matching funds from the applicant, or;
 - b. be no more than 25% of the applicants agency's total annual budget, or;
3. An applicant agency's prior year independent financial audit, if available, should be provided with application.
4. An applicant agency's current year operating budget must be provided with application.
5. Applicant must demonstrate that facilities and projects will be accessible to people with disabilities.
6. All information requested on the grant application must be supplied or adequate reason given as to why information is not provided.
7. All applications, including financial information provided, are public records upon submission to the Town, and therefore subject to public inspection upon request.
8. Any additional information requested by the Town's finance department will be provided upon request.

9. **Grant funds awarded for public projects or events:** Receipts for purchases and services paid for from grant funding must be provided to the Town and should total the amount of the grant request. Receipts should be submitted to the Town within 15 days of expenditure. Failure to provide receipts may result in the forfeiture of remaining grant funds.
10. **Grant funds awarded for public projects or events:** Any unspent grant funds as of June 30 must be returned to the Town of Holly Springs within 15 days, or July 15, whichever is earlier. Grant funds may not be saved from year to year, but agencies can reapply for the funding in the following fiscal year. Applicant agencies that do not return unspent grant funds or provide evidence that the funds have been spent on qualified expenditures will not be eligible to apply for funding in the following fiscal year.
11. **Grant funds awarded for general budget support of an applicant agency:** Receipts do not have to be provided; however, a general accounting of how Town funds were expended during the year must be submitted along with the agency's grant application in the following year in order for the applicant agency to be considered for future funding.
12. Any application that is incomplete or does not meet the above criteria will not be considered for funding.
13. The Town may award the entire amount, any portion, or none of the funds requested in any application.
14. The Town may or may not allocate all funding available in the Special Programs Contributions item of the budget.
15. Applicant agencies should not anticipate that funding will be made in future years and should not plan annual budgets that would depend on funding from the Town, as that may not be possible.

Applications will be evaluated in the following manner:

The Town Clerk will review applications for completeness and timeliness. The Town Clerk will conduct a pre-evaluation criteria check to ensure only eligible applications are advanced to the assessment stage. If an application fails to meet any of the below criteria the application will not be considered for a grant award in the current fiscal year.

- Has a complete application been received on-time, including required financial documentation and proof of 501(c)(3) status?
- Will funds be spent for a public purpose?
- Will funds be spent on an activity the Town is authorized by law to engage in?
- Will funding from the Town amount to no more than \$2,500, or no more than 25% of an applicant agency's total budget or project budget, whichever is greater?
- Does the applicant demonstrate that facilities and projects will be accessible to people with disabilities?

A review committee of Town staff will be formed to evaluate applications on a set of defined criteria. The staff review committee will be comprised of at least three Town staff, as directed by the Town Manager. All applications will be assessed on the following criteria:

- Will the agency, project, or event receiving support be reasonably available to all residents of Holly Springs?
- Is the funding organization locally based or providing a direct tangible impact on life in Holly Springs?
- What amount of funding is requested?
- Does the activity support the Town's strategic priority areas?
- Does the organization have year-round managerial leadership or an active board?

A committee consisting of two Councilmembers will evaluate grant applications based on criteria scoring provided by Town staff. This committee will provide funding recommendations for applicants to be approved by Town Council.

Timeline:

January 29, 2021 – March 15, 2021 – Applications are made available to organizations. Emails are sent to organizations who applied in the past or who have requested to be added to the email list. Notification will also appear on the web page and the Town's social media accounts.

March 16 – March 19, 2021 – Applications reviewed by Town Clerk's office for compliance;

March 2021 - Applications scored by Staff Committee and forwarded to Council Grants Committee

April 2021 – Council Grants Committee meets to evaluate applications

April 2021 – Grants Committee makes recommendations to full Council, who votes on appropriations.



TOWN OF HOLLY SPRINGS

Local civic organization grant application

Name of Agency OR Individual Seeking Funding: _____

Mailing address: _____

Current Presiding Officer: _____

Mailing address: _____

Telephone: _____ Fax: _____ E-Mail: _____

(Check one)

Legal Status: Private non-profit corporation Unincorporated civic group Other (Please describe below)

Date Organization Formed or Chartered: _____

Agency 501 C-3 Number: _____ Or, Federal Tax ID Number: _____

Amount and Type of Town funds requested: \$ _____ .00 for (check below all that apply)

- Capital Costs (construction, large specific purchase)
- Operating Costs
- Project / Event Costs

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1. Please give a brief description of the proposed program or project for which you are applying to the Town of Holly Springs Local Civic Organization Grant Program. **(Please limit your response using only the space provided below)**

- 2. Identify specifically what you seek to accomplish with the requested funds, including how this will help achieve your organizational goals and how the Town of Holly Springs will benefit.
(Please limit your response using only the space provided below)

- 3. Describe the impact on your program if funds are reduced or not provided.
(Please limit your response using only the space provided below)

4. **FINANCIAL INFORMATION**

- A. List your agency’s principal source(s) of funding and corresponding percentages of your budget from each:
 - Town of Holly Springs \$ _____ Amount _____ % of Annual Budget
 - United Way \$ _____ Amount _____ % of Annual Budget
 - Wake County \$ _____ Amount _____ % of Annual Budget
 - Foundations \$ _____ Amount _____ % of Annual Budget
 - Federal \$ _____ Amount _____ % of Annual Budget
 - Grants \$ _____ Amount _____ % of Annual Budget
 - State of N.C. \$ _____ Amount _____ % of Annual Budget
 - Other Private Funding \$ _____ Amount _____ % of Annual Budget
 - Fundraisers \$ _____ Amount _____ % of Annual Budget

B. If your organization received funding from the Town of Holly Springs last year, please describe below how those funds were used, accounting specifically for the dollars received from the Town.

- C. If applying for more than \$500, include a copy of your agency’s budget for the current year as **ATTACHMENT 1.**
- D. If applying for more than \$500, include a copy of your agency’s most recent independent audit report as **ATTACHMENT 2.**

5. CERTIFICATION

As the chief executive officer of this agency, or, as the individual applying for grant funding, I certify that the above information is true and complete to the best of my knowledge and belief.

I further agree that any funds received in response to this grant will be used for the purposes stated and that the recipient organization will comply with all state and local laws set forth for the expenditure of public funds. I/We understand that any donated funds not used for the specified purposes must be returned to the Town of Holly Springs.

Signature of Executive or Applicant

Date

Return completed application and all attachments by _____ to:

Town of Holly Springs

ATTN: Town Clerk

P.O. Box 8

Holly Springs, NC 27540

E = Linda.McKinney@hollyspringsnc.us

Applicant Checklist:

- Completed application**

- Attachment 1** - Copy of current year budget, if applying for more than \$500

- Attachment 2** - Copy of most recent independent audit, if applying for more than \$500
(If you do not have an independent audit, please write "n/a" in the space to the left.)

- Attachment 3** - Excel spreadsheet financial statement for your organization. (As you fill in the Schedules 1, 2, 3 and 4 worksheet tabs, the information populates on the Net Worth worksheet tab and financial statement automatically.)

[Please See Next Page for One More Form!]

For Organizations that NEVER have received a check from the Town of Holly Springs prior to this application. (If you have received a check from the Town in the past and your contact information remains the same, you do not have to fill out this form.)



**Town of Holly Springs
Vendor/Supplier/Payee Information Form
And Substitute W-9 Request
for Taxpayer Identification Number and Certification**



The Town of Holly Springs requires that you provide a taxpayer identification number in order to register in the town vendor/payee database. Your taxpayer ID number is the number that you file tax returns under in the name of your business or organization. It may be either an employer identification number (EIN) issued by the IRS, or your social security number. If you do not wish to provide your social security number, you may obtain an employer identification number (EIN) from the IRS and use that instead. For information on obtaining an EIN, go to <http://www.irs.ustreas.gov/businesses/small>.

Organization Name: _____

OR

Last: _____ First: _____ Middle: _____

Accounts Payable (Make Payable and Remit To):

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax: _____ Email: _____

Physical Location Address:

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax: _____ Email: _____

Do you accept payments via ACH (automatic deposit)? Yes No

I certify that the information on this form is correct:

Name: _____ Title: _____

Date: _____

If you have questions about this form, please contact the Town of Holly Springs Finance Department at 919-557-3918 or by fax at 919-557-7407.

SEE NEXT PAGE FOR IMPORTANT PART OF THIS FORM, PLEASE

The information on this page of this form does not constitute a public record of the vendor and will be redacted by the Town of Holly Springs on any public information request. This information is being supplied to the Town of Holly Springs for 1099 reporting purposes under the United States Internal Revenue Code.

Information Required for Payment:

Social Security Number: _____ - _____ - _____

OR

Federal Tax ID Number: _____

- Individual
- Sole Proprietorship
- Partnership
- Estate / Trust
- Corporation
- Sub S Corp
- Tax Exempt Organization