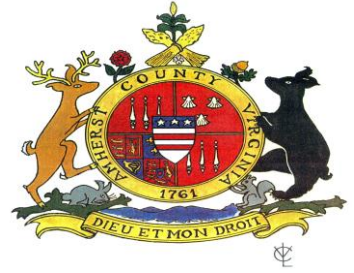


Application for Outside Agency Funding



Previous contribution received by County \$ _____ FY _____

Amount of contribution or in-kind services requested _____

Note: Only the information provided on these lines will be considered. No attachments will be considered other than the required documents specified.

1. ORGANIZATION CONTACT INFORMATION:

Organization Name _____

Mailing Address _____

County office Location (if applicable) _____

Contact Person _____

Contact Person Title _____

Contact Mailing Address
(if different from above) _____

Contact Telephone _____ Contact Fax _____

Contact E-Mail _____

2. ORGANIZATION CATEGORY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Church, religion related | <input type="checkbox"/> Orphanage; nursing care facility | <input type="checkbox"/> Agricultural or Farm Club |
| <input type="checkbox"/> Benevolent association | <input type="checkbox"/> Red Cross | <input type="checkbox"/> Animal cruelty prevention |
| <input type="checkbox"/> Cemetery (private or public) | <input type="checkbox"/> Hospital or sanitarium | <input type="checkbox"/> College alumni association |
| <input type="checkbox"/> Veterans' organization | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Volunteer fire or rescue organization | _____ |
| <input type="checkbox"/> Historical foundation/assoc. | <input type="checkbox"/> Girl Scouts/Boy Scouts | |
| <input type="checkbox"/> Educational institution | | |

When was the organization first established? _____

When did/will the organization begin operations in County of Amherst? _____

What is the organization's federal tax designation? (Circle one)

501(c)(3) 501(c)(4) 501(c)(6) 501(c)(7) Other: 501(c)(____) (please insert #)

What is the organization's purpose? _____

What activities or services are provided by the organization? _____

3. PROJECT DESCRIPTION

Describe in detail the project(s) or services that will be funded with the county's contribution of financial or in-kind support.

4. Importance of County Funding

Describe what happens if County funding is not provided at the requested level.

5. ORGANIZATIONAL COLLABORATION

What other organization(s), if any, are performing a similar service or project? _____

What, if any, other organizations will collaborate with your organization to complete the described project(s) _____

Describe in detail the financial and in-kind contributions of other organizations that will advance the project(s)

6. TIMETABLE AND OUTCOMES

Describe what outcomes for the project(s) are expected over the course of the next fiscal year.

7. Identify the means in which your organization will measure the success of the outcomes described above
(example: XYZ Organization will measure its success through the use of a questionnaire. Participants will be given questionnaires at beginning and ending of program. Questionnaires will be used to determine what information was known prior to the program, what was learned and how the program can be improved)

8. REQUIRED DOCUMENTS TO BE SUBMITTED Some may not be applicable to this organization. If any required document is not available and/or applicable, please identify the document and provide a brief explanation.

- ✓ **IRS Exemption Determination Letter**
- ✓ **Financial statements for two prior years**
- ✓ **Articles of Incorporation or Organization, and any amendments thereto**
- ✓ **Certificate of Good Standing from the State Corporation Commission**
- ✓ **Most recent audit (Mandatory for FY2015-2016 Funding)**