**Keith Volz** Mayor

### **Lynn Montgomery**

Mayor Pro Tem

**Chuck Smith** 

Town Manager



### **Town of Jamestown**

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### **Georgia Nixon-Roney**

Council Member

**Brock Thomas**Council Member

**Thomas Walls**Council Member

# Town of Jamestown Non-Profit Organization Funding Policy

#### I. Purpose

To encourage and support events, programs, or projects that positively enhance the quality of life for Jamestown citizens and visitors.

#### II. Principles

Funds shall only be appropriated to non-profit organizations that can document compliance with all applicable federal and state regulations related to tax-exempt status.

Organizations requesting funding should be able to document that they provide services to the community and that they are governed by a Board of Directors that serves without compensation unless expressly allowed by Council. An independent audit or review for the year ended in which funds are received from the Town will be required, unless alternatively a review by Town officials is expressly allowed by Council.

Funds shall only be appropriated for public purposes.

Requests for funding will only be accepted during the Town's annual budget preparation process. A specific timetable for the process will be developed and disseminated each year.

The Town may only consider grant funding for the next fiscal year.

Organizations requesting funding must provide a detailed budget of the expected expenditures of the organization. Also provide a detail of capital or maintenance expenditure items, if these are to be included in the budget of requested funds.

Requests for funding for direct services to Town of Jamestown residents shall be given the highest priority funding.

Requests for services that duplicate services that are already available to the public through other means will be given the lowest funding priority.

#### III. Process

The Finance Officer and Town Manager will review applications in accordance with the non-profit funding criteria set forth and will make funding recommendations to the Town Council based on projected available funds. Funding appropriations will be established by Council when the town's budget is adopted.

Funded services must be equally available to all eligible non-profit organizations. Each non-profit organization may develop its own service eligibility criteria, but such criteria may not include any form of illegal discrimination. If the agency charges fees for services to be provided with Town funding, those fees must be applied as a sliding fee basis that allows all to participate irrespective of their ability to pay full cost.

The applicant organization should clearly demonstrate its ability (i.e., that it has appropriate staffing, financial resources, equipment, etc.) to provide the proposed services.

Proposals shall clearly identify the relationship between the funding request and the provision of a given service or services.

Proposals shall clearly document the need for the proposed services.

Proposals shall identify the number of Jamestown residents that are expected to receive direct services during the fiscal year as a result of Town funding. Renewal requests shall indicate the actual number of Town residents served during the previously funded period.

Proposals that request funding for services that are already available in the Town must clearly demonstrate that they will address an unmet service demand, or that they will deliver comparable services at a significantly lower unit cost than the currently available services.

Each non-profit organization that receives funding shall present a written report to the Town on or about January 15 and a verbal report at the January or February council meeting of its uses of Town funding and the tangible benefits of the funded activities or services to Town residents during the prior six (6) months.

### STANDARD ASSURANCES BY TOWN-ASSISTED NON-PROFIT ORGANIZATIONS

#### PURPOSE:

For each fiscal year, any non-profit organization requesting Town assistance funds must submit an original signed copy of this document with their funding package request.

These assurances shall act to hold the Town of Jamestown harmless from any liability that the organization may incur.

#### **ASSURANCES AFFIDAVIT**

Where applicable, the authorized official of the non-profit organization given below assures the Town of Jamestown that:

- A. The non-profit organization is a legal entity under Federal and State laws and is authorized to provide services proposed for financial assistance from the Town.
- B. The non-profit organization has the legal authority and the institutional, managerial, and financial capacity to ensure the proper planning, management, and completion of the project(s) or program(s) proposed for the Town financial assistance.
- C. The non-profit organization will establish safeguards to forestall the appearance of or actual conflicts of interest or personal gain.
- D. The non-profit organization will comply with all Federal and State laws and regulations related to discrimination, workplace drug abuse and treatment, workplace health and safety, workers' compensation, the Fair Labor Standards Act, the Hatch Act, taxes, and other personnel and applicable workplace requirements.
- E. The non-profit organization will comply with applicable program/project service standards, contracts and regulations for any program/project services assisted by the Town.
- F. The non-profit organization will comply with Federal and State laws and regulations related to financial and compliance audits and will submit a copy of each audit report to the Finance Officer within 60 days after issuance.
- G. The non-profit organization will hold the Town of Jamestown harmless from any claim or liability that may arise or result from the operation of any program/project service(s) assisted by the Town of Jamestown.
- H. The non-profit organization will submit promptly to the Town Manager any information requested related to any program/project services assisted by the Town.
- I. The non-profit organization will comply with any Town ordinance or policy applicable to any program/project services assisted by the Town.
- J. The non-profit organization will comply with formal bid requirements process set forth by North Carolina Statues when performing construction or

repair work, or when purchasing (including lease purchasing) apparatus, supplies, materials or equipment involving any Town funds.

- K. All Town funding shall be utilized strictly for the operation, maintenance and capital needs of each organization as set forth in their respective proposals. Any item acquired using Town funds by the organization shall become property of that organization when applicable. In the event an organization decides to dispose of property acquired with any Town funds and owned by the organization, then other organizations will be given first opportunity to acquire the surplus property. In any event, proceeds obtained from sale of surplus property acquired with any Town funds shall be used only for the same purpose as Town funds.
- L. Each non-profit organization that receives funding shall present a written report to the Town on or about January 15 and a verbal report at the January or February council meeting of its uses of Town funding and the tangible benefits of the funded activities or services to Town residents during the prior six (6) months.

#### Certification

The above assurances will be complied with for the fiscal year starting  $\underline{\text{July}}$   $\underline{\text{1, 2013 and ending June 30, 2014}}$ , and the Town of Jamestown reserves the right to request and inspect evidence of compliance.

| Name of Non-Profit Organization: |        |           |
|----------------------------------|--------|-----------|
| Mailing Address:                 |        |           |
| City:                            | State: | Zip Code: |
| Street Address:                  |        |           |
| City:                            | State: | Zip Code: |
| Federal Tax ID Number:           |        |           |
| Signature:                       |        | Date:     |
| Printed Name:                    |        | Title:    |

## TOWN OF JAMESTOWN APPLICATION FOR NON-PROFIT ORGANIZATION FUNDING

Non-Profit Organizations requesting funding (including in-kind services) must complete this form.

#### **CHECKLIST**

| The signed original application form fully completed.   |
|---|
| List of current board of directors.   |
| Names and terms of officers.  |
| Names of agency staff with titles.  |
| Financial statements as of the most recent fiscal year.   |
| Signed and dated "Standard Assurances by Town-assisted Non-Profit Agencies and/or Organizations". |
| A schedule of planned revenues and expenses for entire organization.                              |
| List of all affiliated organizations and agencies.  |
| The most recent required filing with the IRS.   |
| Funding Financial Reporting Form showing how current year Town funds have been spent.             |
| Current articles of incorporation and by-laws.  |
| If a registered non-profit organization ( $501(c)(3)$ ), an IRS determination letter.             |

See more information on page 7.

#### DEADLINE

Completed application packages must be received by the Town of Jamestown Finance Department by 5:00~pm on March 1, 2013. (Attention: Finance Officer, P.O. Box 848, Jamestown, NC 27282)

Please contact the Town Manager's office or the Town of Jamestown Finance Officer if you have any questions regarding the eligibility of your application or if you require assistance completing your application form.

## TOWN OF JAMESTOWN APPLICATION FOR FUNDING

### **APPLICANT INFORMATION** Name of organization: Federal Tax Identification Number: Mailing address: City: State: Zip code: Phone number: Email address: Fax number: Website address: Chief Executive Officer Name: Mailing address: City: State: Zip code: Phone number: Email address: Board of Directors, Chairman Name: Mailing address: State: City: Zip code: Phone number: Email address: ORGANIZATION INFORMATION Registered non-profit (501(c)(3)) Fiscal year end: Non-profit organization with articles of incorporation and by-laws: How long has your organization been in existence? How many active members do you have in your organization?

| Required attachments:  |  |  |
|--|--|--|
| <ol> <li>Names, addresses, and terms of Board of Directors.</li> </ol>   |  |  |
| 2. Names and terms of Officers.  |  |  |
| 3. Names of staff and titles.  |  |  |
| 4. Financial statements as of the end of the most recent fiscal year end.<br>These must include the balance sheet and a statement of revenues<br>and expenditures from an audit, a review, or a compilation if<br>performed. Otherwise include internally prepared financial statements. |  |  |
| <ol> <li>Signed and dated "Standard Assurances by Town-Assisted Non-Profit<br/>Agencies and/or Organizations".</li> </ol>  |  |  |
| <ol> <li>A schedule of planned revenues and expenditures (for entire<br/>organization) for the current year and the proposed year, specifically<br/>identifying all sources of revenue for both periods.</li> </ol>  |  |  |
| <ol> <li>List of all affiliated organizations and agencies including name,<br/>federal tax identification number, purpose, and form of incorporation.</li> </ol>   |  |  |
| 8. Most recent filing with the IRS.  |  |  |
| <ol> <li>Funding Financial Reporting Form showing how current year Town<br/>funds/services have been used. This does not apply to first-year<br/>applicants.</li> </ol>  |  |  |
| 10. Current articles of incorporation and by-laws. If a registered non-profit organization (501(c)(3), etc), an IRS determination letter (unless submitted with previous application).   |  |  |
| Has your organization previously received funding from the Town of   |  |  |
| Jamestown? Yes □ No □  |  |  |
| If yes to the previous question, please indicate the Town fiscal year(s) and the purpose for the funding for the current and up to four previous fiscal years.   |  |  |
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|  |  |  |
| What is the purpose of your organization?  |  |  |
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| What sayvides/pativities does your againstica area india                      |
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| What services/activities does your organization provide?                      |
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| What specific services are to be provided with Town funds?                    |
| what specific services are to be provided with rown runds:                    |
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| What will be the impact on your organization if these funds are not received? |
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| Why do the residents of Jamestown need the services? If applicable, will      |
| town residents receive a discount or reduced fee for the service?             |
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| How will the convices he provided?  |
| How will the services be provided?  |
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| Are cimilar corvices available/provided in the Town from other organizations? |
| Are similar services available/provided in the Town from other organizations? |
| Yes □ No □  |
|   |
|   |

| If so, who currently provides the service? How do you coordinate service delivery with these organizations? |
|---|
|   |
| What is the added value to the Town of your service?  |
| How will you ensure the services are equally available to all eligible residents of Jamestown?              |
| Number of full-time employees:  |
|   |
| Number of part-time employees:  |
| Amount of budgeted salaries and fringes (most recent budget):   |
| Are any employees paid a bonus? If yes describe the bonus plan (qualification, amounts, etc).               |

| Does your organization use volunteers other than possibly Board members? Provide estimated numbers and describe the services they perform. |
|--|
| Does the Town provide any other assistance to your organization, such as office space or assistance from Town personnel?                   |

| EVENT/PROGRAM INFORMATION   |
|---|
| Name of event or program:   |
| Description of event or program:  |
| Describe type and amount of in-kind services requested for the next fiscal year:                        |
| Other funding sources (grants, donations, other local governments, etc):                                |
| List plans for securing other funding and stability of that funding:                                    |
| Intended impact on community:   |
| Who is your target population?  |
| Number of individuals and Town citizens that will be served by your agency as a result of this request: |
| Describe specific purpose for which Town funds will be used:  |

## TOWN OF JAMESTOWN APPLICATION FOR NON-PROFIT ORGANIZATION FUNDING

#### SIGNATURES AND CONDITIONS

We certify that to the best of our knowledge the information provided in this application is accurate and complete and is endorsed by the organization that we represent. If our organization receives funding through the Town, we agree to the conditions below.

### SIGNATURE OF TWO SIGNING OFFICERS FROM THE BOARD OF DIRECTORS

| FROM THE BOARD OF DIRECTORS |   |  |
|-----------------------------|---|--|
| Signature:                  | Date:                                     |  |
| Print Name:                 | Title:                                    |  |
| Signature:                  | Date:                                     |  |
| Print Name:                 | Title:                                    |  |
|                             | CONDITIONS                                |  |
| 1. After the event or upor  | n the end of the fiscal year in which the |  |

- 1. After the event or upon the end of the fiscal year in which the program is held, the organization will complete a Financial Reporting form to show how the Town funds were actually spent or in-kind services utilized.
- 2. The organization agrees to comply with the requirements of the Assurances Affidavit.

# TOWN OF JAMESTOWN FUNDING FINANCIAL REPORTING FORM

This form must be completed after the event, program or project is completed or after the organization's fiscal year in which the event or program occurred or project is completed. Submit the completed form to the Town of Jamestown Finance Department. (Attention: Finance Officer, P.O. Box 848, Jamestown, NC 27282)

| Name of organization:              |                       |
|------------------------------------|-----------------------|
| Submitted by:                      | ate:                  |
| Federal Tax Identification Number: |                       |
| Total allocation for fiscal year:  |                       |
| Town Funds Received:               |                       |
| Purpose/Objective:                 | <u>Awarded:</u>       |
|                                    |                       |
|                                    |                       |
|                                    |                       |
|                                    |                       |
| Totals:                            |                       |
| Totals.                            |                       |
| Expenditure of Town Funds:         |                       |
| <u>Purpose/Objective</u> :         | <u>Actual spent</u> : |
|                                    |                       |
|                                    |                       |
|                                    |                       |
|                                    |                       |
|                                    |                       |
| Totals:                            |                       |

Please answer the following questions. How many Jamestown citizens have you directly impacted (served to date)? Have you leveraged or matched Town funds with other revenues/contributions? List tangible ways your agency has impacted Jamestown residents as a result of receiving funding.

| Are you pursuing grants and alternate sources of revenue to support programming?  Have you coordinated the services of your non-profit agency with allied |
|---|
| community and/or governmental agencies? If so, summarize the activities.  |
| Was the intended impact on the community achieved? Explain and include any available performance measures.  |