

**Town of Cary
Nonprofit Funding Request Form
Fiscal Year 2025**

“State law (G.S. 55A-16-24) requires a nonprofit corporation that receives over \$5,000 of grants, loans or in-kind donations from a local government to provide its latest annual financial statements and filed Internal Revenue Service Form 990 upon written demand. The financial statements must contain details about the amount of public funds received and how those funds were used. If your organization receives more than \$5,000 from the Town of Cary in a fiscal year, your organization may be required to provide these statements and forms.”

Name of organization: _____

Contact person regarding this request: _____

Mailing address: _____

Telephone number: _____

Email address: _____

Website (if applicable): _____

Amount of funding requested for fiscal year 2025: _____

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Executive Summary

Please provide a one-page summary of your organization, its mission and involvement within the Town of Cary, and proposed use of grant funds for FY 2025.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Please fill in answers to every question or enter "not applicable". If you need guidance in filling out this form, please contact Mike Franks (mike.franks@carync.gov, (919)-380-4256). For any questions asked, feel free to attach documents, spreadsheets, etc. If additional space is required to answer any of the questions, you may continue your response on a separate page.

1. Mission alignment: Describe how well the mission of your agency aligns with the Town of Cary's mission and impacts the efficiency and effectiveness of the Town accomplishing its related municipal responsibilities. (For reference, the Town of Cary's mission statement is as follows: At the Town of Cary we focus every day on enriching the lives of our citizens by creating an exceptional environment and providing exemplary services that enable our community to thrive and prosper.)

2. Major services: Please list and describe the major services your organization offers.

3. Benefits to Cary: Please list services your organization provides that benefit Cary and its citizens specifically.

4. Cary citizens served: How many Cary citizens have been directly served by the services indicated in number three during the past year. Please provide the total number served and how many unique individuals have been served if the numbers are different (i.e. some number of individuals may have been “served” multiple times).

5. Working with the Town: If your organization currently works with the Town in any way, describe that working relationship and how the services of the Town and/or your organization are enhanced or made more efficient by that relationship.

6. Other providers: Identify other agencies providing services similar to your organization and explain how the services that organization provides differ from yours. If appropriate, give examples of how your organization coordinates/collaborates with other similar agencies.

7. Incorporation: What year was your organization incorporated? *(If you have not received assistance from the Town of Cary in the past, or have not yet sent a copy of your 501(c)(3) status notification letter, please include a copy with your application.)*

8. Financial statements: If you received \$5,000 or more from the Town of Cary last year, please provide a copy of your organization's most recent audited financial statement. Include a brief narrative below explaining the financial results and any related trend information (e.g. fund balance increased for these reasons, revenues decreased because..., expenses being driven up by..., etc.).

9. IRS Form 990/EZ/N: If you received \$5,000 or more from the Town of Cary in FY 2024, please include a copy of your last IRS Form 990/EZ/N.

10. Years of operation: How many years has your organization been providing its current service levels?

11. Funds spent: Please provide an explanation of how the most recent Town of Cary contribution to your organization was utilized. Please be as specific as possible. If your organization has not previously received funding from the Town of Cary, please indicate the impact of your organization not receiving the requested funding (e.g. revenue higher from other donors, new program not initiated, etc.).

12. Funds to be spent: Please provide an explanation of how you propose to use the funds being requested for the coming year. Please be as specific as possible.

13. New initiatives for upcoming fiscal year: Please list at least one new initiative that your organization has planned for the upcoming year. This could be developing a new program or improving an existing program, increasing services, or improving some organizational process to improve efficiency and/or effectiveness.

14. Success of programs: Explain how your organization measures the success of its programs. For example, what performance measures are in place to gauge your organization's success toward achieving its objectives?

15. Board of Directors: Please provide a list of your organization's Board of Directors, including their names, position titles and the expiration date of their respective terms.

16. Fidelity Bond or Crime Insurance: Do you have a fidelity bond or crime insurance? If so, how much is the fidelity bond or crime insurance?

17. Other information: Please provide any other pertinent information that you would like to be considered regarding your organization's request.

18. Signature: By signing below, I acknowledge that the information presented in this application is correct to the best of my knowledge. I thoroughly understand the above requirements and acknowledge the awarded funds will be dispersed as outlined in this application. I agree to utilize the grant funds in the manner stated in the grantee's application. Grant funds not used in the manner as awarded shall be returned to the Grantor.

Signature of (CEO/President/ Executive Director)

Date

19. Submittal Instructions:

Please send to Mike Franks (mike.franks@carync.gov) Please be sure to include the following:

- complete application
- 501(c)(3) status (if new)
- Audited financial statement if applicable
- IRS Form 990/EZ/N if applicable
- current year budget
- any other materials requested herein
- please use file naming structure “Non-Profit Group_File Description”