



APPLICATION

FY26 Community Reinvestment Funds

Administrative Services Department
101 E. Orange St., PO Box 429, Hillsborough, NC 27278
919-732-1270
www.hillsboroughnc.gov

Funding Request Checklist

Before applying, please review the checklist below and place an "X" next to each item to confirm that all requested information has been provided.

- ☐ Review Community Reinvestment Program Funding Policy
- ☐ Complete Community Reinvestment Funds Application
- ☐ Attach Program or Service Description
- ☐ Attach Copy of Proposed Program Budget
- ☐ Attach List of Other Sources of Revenues Requested to Support the Program

ORGANIZATION INFORMATION	
Organization Name:	
Address:	
Website:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact Email:	
Board of Directors: <i>Please List</i>	

FINANCIAL INFORMATION	
Current Fiscal Year Budget:	
Next Fiscal Year Anticipated Budget:	
Current Year Allocation from Town of Hillsborough:	
Next Fiscal Year Requested Allocation from Town of Hillsborough:	
What is the minimum funding needed from town for request to be viable?	

SECTION 1	
Would town funding leverage funds from other sources? If yes, please provide more information.	
How many Hillsborough residents (within corporate limits) are expected to receive direct services from the program during the fiscal year because of town funding.	
If town funding was received last fiscal year, approximately how many Hillsborough residents were served? <i>Please indicate whether number provided represents unique or repeat residents.</i>	
How do the programs or services that funds are being requested for align with the town's strategic plan or comprehensive sustainability plan?	

SECTION 2			
How will the town's funding be used to assist the organization?	Category	\$	Notes
	Current Personnel		
	Current Operations		
	Current Programming		
	Personnel Expansion		
	Operations Expansion		
	Programming Expansion		
	Other		
	Grand Total		

SECTION 3			
Please list goals, programs and services for which these funds will be used:		Item	\$
Items should be specific, measurable and verifiable by the Town of Hillsborough and are subject to the completion of a signed memorandum of understanding before disbursement of funds.	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
		Grand Total	

SECTION 4

Please list the performance metrics that measure whether this program or service is successful at achieving intended outcomes?

SIGNATURE

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, and State of North Carolina (as may be applicable to my request) and certify that the above information is true and accurate to the best of my knowledge.

Note: Funding distributions will be made at the convenience of town staff's ability to execute purchase orders, make check requests, gather memoranda of understanding signatures, etc. Funding distributions should be expected no earlier than late August.

Signature: _____ Date: _____