

Town of Swansboro
FY25 Funding Request Application for Nonprofit Organizations

1. Name of Organization *

2. Name of Contact or Applicant*

3. Organization Address*

4. Phone Number*

5. Email Address*

6. Total Amount of Funding Requested*

7. Description of the project/program and plan.

8. Please provide an itemized proposed expenditure breakdown for funding requested.

9. Please provide a narrative explaining how these funds will be used. Please be specific.

10. Does the applicant declare and certify that the funding requested is not already being provided by the organization or another source for this purpose, unless the previous source of funding has been lost or the request is for the expansion of a program or activity?

11. Has your organization requested and/or been awarded funding for the same purpose from another organization?

12. Does your proposal include cooperation, collaboration, or partnership with any other organizations? If yes, please describe.

13. Town of Swansboro funding, if awarded, will result in an additional funding effort by the organization itself or the availability of funding from another organization, please describe the additional funding that will be provided or generated.

14. Other Documentation to include:

- Copy of your organization's latest IRS tax form 990
- Proof of your organization's non-profit status
- Project/program timetable and contact persons responsible for implementation
- An organizational chart with contact names, addresses, and phone numbers.
- Any other information to support your Town of Swansboro funding request

15. General

- A representative of the applicant will be required to attend the Board of Commissioner's meeting at which the application is to be considered. For annual consideration, an application must be submitted by January 31st.
- Funding is normally provided on a reimbursement basis, based on submission of proper documentation of expenses incurred.
- The applicant hereby acknowledges receipt of the Town of Swansboro Funding Policy for Nonprofit Organizations and agrees to comply with all requirements of that policy, including those related to performance contracts, final reports, and accountability for funds use.

16. Certification

The undersigned authorized representative of the applicant organization certifies that the information provided in this application is accurate and agrees to ensure compliance with the terms and conditions of funding, if provided.

Title _____

Signature _____

Date _____

Name Printed _____

Please email all funding requests to Town Clerk Alissa Fender at afender@ci.swansboro.nc.us