

# Beech Community Center Roof Repair

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*FY 2018 Buncombe County Community  
Funding*

## ***Beech Community Center***

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## ***Cindy Wilson***

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# Application Form

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## Project Name\*

Name of Project

Beech Community Center Roof Repair

## Amount Requested\*

Amount Requested

\$6,000.00

## Service Area\*

Which Commissioner Districts are served by this program?

Access a map of Buncombe County Commissioner districts [here](#).

District 1

District 2

## Which county sustainability goal aligns best with the goals of this project?\*

Based on the Buncombe County Sustainability Plan, select a Category, Goal & Objective that align with the focus of the project and the specific results that will be achieved.

Access the Buncombe County Sustainability Plan [here](#).

Community > Healthy Environments > Improve and increase opportunities for safe, active living

## If applicable, select a second sustainability goal that aligns with project goals.

**Result 2 is optional** - Select if project aligns with more than one Sustainability Category, Goal & Objective.

Community

## If applicable, select a third sustainability goal that aligns with project goals.

**Result 3 is optional** - Select if project aligns with more than one Sustainability Category, Goal & Objective.

## ***Project Description***

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### **Project Description\***

#### Description of Project

We are in need of a roof for the Beech Community Center. We have raised \$3,000.00 and have secured \$6,000.00 from Parks & Recreation Grant. The center is the focal part of the community and we have lined up volunteers to assist with the roof replacement.

### **How many people will this project serve?\***

State the number of individuals or households in Buncombe County that will be served by this project. Also state the number of people that will experience the desired result. For example, if dropout prevention services are being delivered to 100 students, how many will successfully graduate from high school?

There are several thousand that utilize the community center annually. The biggest event is our July 4 Celebration that brings several hundred people.

### **Describe the people this project will serve.\***

Characterize the demographics of the project's target population in terms such as age, gender, income, race, ethnicity, geographic area, etc. Include information about method of referral/recruitment of the target population.

The center is used by all ages, all races, and gender for birthday parties, reunions, weddings and wedding receptions, picnics, and softball games.

### **What key steps will you take to achieve the results of this project?\***

Describe the core elements of your implementation plan, including milestones that will take place within the funding timeframe.

We plan on having the roof replaced by March 2017 as our events begin in April 2017.

### **Describe the evidence of success that backs this project's approach.\***

What evidence of success (i.e. evidence-based research, practice model, accreditation, industry standards, and/or other framework) are you using as a basis for your project design?

N/A

**Describe your data collection, tracking, and reporting procedures.\***

Explain your methods for documenting project, service and client information. Include a description of any software or other tools utilized.

N/A

**Explain your technological resources and capacity.\***

Explain your current technological strengths and barriers and how this impacts your ability to track data and report outcomes. Who is responsible for adaptation and use of technology within your organization?

N/A

***Organizational Profile***

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**How does the proposed project support your mission and strategic plan?\***

State your mission and the date of your most recent strategic plan, and explain how the proposed project helps advance your organizational goals.

N/A

**What expertise/accomplishments do you have that are relevant to the proposed project?\***

List your organization's strengths as well as accomplishments from the past 3 years that position the organization to be successful with the proposed project.

N/A

**Describe partners that are critical to the success of your organization.\***

List any external partners, intermediaries or advisors important to your success, and describe their role and evidence of their commitment. Describe successful collaborations with these people or groups.

N/A

## ***Financial Information***

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### **Nonprofit financial assurance requirements:**

Financial statements, prepared using a recognizable basis of accounting (i.e., modified accrual) and IRS Form 990s must be submitted to Buncombe County annually.

- Organizations with annual revenues of \$300,000 or greater must submit financial statements audited in accordance with generally accepted auditing standards.
- Those with revenues between \$100,000 and \$300,000 must submit financial statements reviewed in accordance with SSARS 19.
- Those with revenues of less than \$100,000 must submit non-disclosure financial statements compiled in accordance with SSARS 19.

All financial statements must be reported on by a certified public accountant and include a full balance sheet, income statement, and cash flow statement.

These requirements are considered minimum requirements. Organizations may submit a higher level of assurance than is required.

### **IRS Form 990 - Upload Here**

Click Choose File to upload a copy of the 990 form you most recently completed.

### **If your organization does not have a 990, briefly state the reason.**

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

### **Financial Statements - Upload here**

Click Choose File to upload a copy of the most recently completed financial statements (audit, compilation or review).

### **If your organization does not have financial statements, briefly state the reason.**

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

N/A

### **Complete Budget Worksheet - Upload Here\***

Download the budget form [Here](#).

Complete the budget form for this project/program and the overall agency. Save it to your computer, then upload it by clicking Choose File.

Copy of community-funding-budget-form.xlsx

### **Budget Narrative\***

Describe all differences between current year and proposed year. List all pending funding sources with expected date of notification. Please detail any other information that may help clarify the budget.

N/A

### **What (if any) portion of requested funds will be used to support capital expenses?\***

Capital projects are defined as those used to acquire or upgrade physical assets such as property, buildings, or equipment. Please detail.

N/A

### **Employee Wages**

Please provide information about the wage breakdowns of your employees. Living wage for Buncombe County has been identified as \$11.00 per hour for employees with employer-provided health insurance and \$12.50 per hour for employees without.

#### **Employees with employer-provided health insurance\***

List the number of employees in your organization with employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$10.99 per hour

\$11.00 - \$14.99 per hour

\$15.00 - \$19.99 per hour

\$20.00 - \$24.99 per hour

\$25.00 - \$29.99 per hour

\$30.00 - \$34.99 per hour

\$35.00 - \$39.99 per hour

\$40.00+ per hour

N/A

**Employees without employer-provided health insurance\***

List the number of employees in your organization without employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$12.49 per hour

\$12.50 - \$14.99 per hour

\$15.00 - \$19.99 per hour

\$20.00 - \$24.99 per hour

\$25.00 - \$29.99 per hour

\$30.00 - \$34.99 per hour

\$35.00 - \$39.99 per hour

\$40.00+ per hour

N/A