

FY2019 Strategic Partnership Grants

Buncombe County

SAMPLE APPLICATION - Apply online at www.buncombecounty.org/apply

Project Name*

Name of Project.

Character Limit: 100

Amount Requested*

Character Limit: 20

PROJECT NARRATIVE

Area Served*

Which areas of the County will be served by this project? Which Commissioner District(s) will be served?

A Buncombe County Commissioner district map is available at [THIS LINK](#).

Character Limit: 1000

Organization Description*

Tell us about your organization. What is your mission? Highlight two or three key facts and accomplishments that best define your organization.

Character Limit: 1000

Strategic Priority*

Which of the following priorities best reflects the primary goal of your project?

Buncombe County Commissioners are dedicated to strengthening the quality of life for everyone by setting new fiscally, socially and environmentally responsible goals that will guide decisions and improve our community for future generations. The Board has committed to strategic priorities as a guide to shape partnerships and investments of resources to insure a healthy, safe, well-educated, thriving and sustainable community.

Details about the Strategic Priorities are available at [THIS LINK](#).

Choices

- Affordable Housing
- Clean & Renewable Energy
- Early Childhood Education

Diverse Community Workforce
Justice Resource Support
Opioid Addiction
Other Sustainability Goal

Strategic Priority - Other Sustainability Goal

If you selected "Other Sustainability Goal" from the list of Strategic Priorities, please list it here.

Details about the Sustainability Goals are available at [THIS LINK](#).

Character Limit: 250

Shared Vision*

What critical community problem or challenge are you hoping to improve through this project?

Character Limit: 1000

Key Steps*

How will the project work? What are specific activities and milestones that your project entails?

Character Limit: 1000

People Served*

Who are the members of our community this project will serve? How many people will be served? Include demographics, including age, area median income, race, neighborhood and/or school.

Character Limit: 1000

Partners*

Which other organizations are you working with to reach your goals? What other local organizations provide similar services or serve similar beneficiaries, and how do you work together?

Character Limit: 1000

Personnel*

Who is responsible for the project? Briefly describe project leaders and the role each will play in the project. How do these leaders reflect the population or community that you serve?

Character Limit: 1000

Success*

How will you measure results? What will success look like? How will you document the impact of your project? Include whether there is a model that serves as basis for project design.

Character Limit: 1000

Funding*

What is your plan for finding the balance of the project budget? What is your funding timeline and what are your other sources of support?

Character Limit: 1000

Sustainability*

How will this project be maintained? Please describe funding sources and how you plan to sustain the project in future years.

Character Limit: 1000

ATTACHMENTS

Project Budget*

Download the budget form at [THIS LINK](#).

Complete the budget form for this project and the overall organization.

Save it to your computer, then upload it.

File Size Limit: 2 MB

Financial Statements*

Upload a copy of the most recently completed financial statements.

All financial statements must be audited, reviewed or compiled by a certified public accountant and include a full balance sheet, income statement, and cash flow statement.

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

Character Limit: 1000 | File Size Limit: 10 MB

IRS Form 990*

Upload a copy of the 990 nonprofit tax reporting form that you most recently completed.

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

Character Limit: 1000 | File Size Limit: 10 MB

Board of Directors List*

Upload a current list of your organization's Board of Directors.

If your organization does not have a board of directors, briefly state the reason.

Character Limit: 1000 | File Size Limit: 2 MB

Authorized Signatory

By typing in below the name of the authorized signatory and date of submittal, you acknowledge that your governing body has authorized this application, that it is true and current to your knowledge. As a condition of any grant awarded, this organization will provide all information in the manner described in the contract to be executed between the organization and Buncombe County or its designee, including program and financial reporting.

Name & Date

Character Limit: 250