

City of Goldsboro Non-Profit Funding Application
COG Impact Funding Application STEP TWO

Application Due Date: June 7, 2023

The United Way of Wayne County is serving as the Third-Party Administrator for the city of Goldsboro's Non-Profit funding for the fiscal year 2023-2024. The following application is step TWO to apply for funding. If you have completed step ONE and been advised you can proceed, please complete the application below and submit to pilar@unitedwayne.org or in person at the United Way office by 5p June 7th.

Please be advised that the city of Goldsboro leadership has identified the following focus areas in order of their priorities: Basic Needs, Health & Wellness, Education, Financial Stability, Animal Welfare, Tourism, Recreation and Arts & Culture.

Step ONE(prequalification requirements)- closed May 19th

Step TWO(application) open May 23-June 7, 2023

Presentations: Week of June 19 & 26. Specifics to be determined.

STEP TWO: City of Goldsboro Impact NPO Funding: Application –

AGENCY NAME: _____

Program Name: _____

(complete an application for each program you are applying to support)

Did you receive funding from the COG in 2022-2023 budget? YES NO If yes, what was the total received? _____

1. Please describe the mission of the organization.

2. Explain your organization's capacity. Is your mission executed by volunteers? If so, how many? ____ Is your mission executed by staff? If so, how many? ____ How many active Board members do you have? ____ How often do they meet? _____

3. Which focus area(s) does your program best align: **Basic Needs** **Health & Wellness** **Education** **Financial Stability** **Animal Welfare** **Tourism, Recreation, Arts & Culture** How does the program best align with indicated focus area(s):

9. COG Non- Profit funds are required to be used to benefit individuals/families in the City of Goldsboro only, how will you monitor that request?

10. Please provide the following:

- a. What is your agency's current annual operational budget? \$ _____
- b. What is the program budget for the program on application? \$ _____
- c. Grant Request \$ _____
- d. Percent (%) of program budget requested from COG to support program _____
(total requested/total program budget=percent requested from COG)

11. Are you registered with 2-1-1? **YES** **NO** NCCARE360? **YES** **NO** We understand, not every non-profit will be applicable to register with these two platforms. If you are not, please advise.

12. **Program Revenue/Expense Budget:**

REVENUES	2023 ACTUAL	EXPENSES	2023 ACTUAL
OTHER GRANTS		Salaries	
Federal Revenues		Employee Benefits	
State Revenues		Payroll Taxes	
City/ County Revenues		Supplies	
Income from Operations		Postage and Shipping	
Income from Fundraising		Outside Printing	
Membership Dues		Utilities	
Income from Investment/ Interest		Insurance	
Endowment Contribution		Rent	
		Advertising	
		Professional Fees and Contracts	
		Rental and Maintenance of Equipment	
		Organization Dues	
		Other:	
TOTAL		TOTAL	

13. To the best of your ability, please check off the geographic areas listed below that are served by your agency:

- Goldsboro (all 6 districts)
- District 1
- District 2
- District 3
- District 4
- District 5
- District 6
- Other (Please explain) _____

