



Town of Belville Donation Application 2017 / 2018

Town of Belville
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Belville, NC 28451
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2017/2018 Donation Application

Agency Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
Contact Name and Title:		
Brief Description of Agency/Organization (50 words or less):		
Has anyone associated with the agency/organization within the last five (5) years been accused of malfeasance, misuse of agency/organization funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a letter of explanation to this application.		
Did your agency/organization receive funding from the Town of Belville in 2016/2017? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of all funds in 2016/2017 allocated from all Town of Belville sources: \$ _____		
Amount of estimated value of all in-kind Town of Belville 2016/2017 contributions received: \$ _____		
Amount of funding requested for 2017/2018: \$ _____		
Amount of estimated value of all in-kind Town of Belville 2017/2018 contributions anticipated: \$ _____		
Amount of 2017/2018 estimated total agency budget income: \$ _____		
Amount requested from the Town of Belville is _____% of your total budget.		

2017/2018 Donation Application (continued)

The following is a checklist of additional materials required. When submitting your application to the Town of Belville, please assemble the completed application and requested materials in the following order (written explanations are limited to one page):

- Application form completed and signed by president/chairperson of non-profit board with any requested additional list or statements.
- An explanation of how the funds requested will meet a public need for the residents of Belville and/or Brunswick County **OR** an explanation of how the funds requested will supplement an existing service.
- An explanation of the measurable goals or outcomes, and an implementation plan including timeframes for the use of the funds.
- What percentage of the Town of Belville’s and/or Brunswick County’s population will be served by these funds? What services will be provided to this population? Explain how the service is beneficial to the Town of Belville and/or Brunswick County.
- A copy of your current budget with a statement of anticipated changes for the upcoming year.
- End of year financial report to include 12-month profit and loss statement and an explanation for any reserves held by the agency/organization.
- Previous year audit report and all management letters for last 3 years, if applicable. If your agency/organization does not require an audit report, please provide a sworn statement of accounting for all receipts and expenditures or a certification statement by the Board of Directors’ Treasurer stating that the agency/organization’s accounting system is adequate and sufficient to manage Town of Belville funds.
- List of Board of Directors including terms of office and officer assignments. Also, a statement confirming that the composition of the current Board of Directors meets the agency/organization’s bylaw requirements **OR** an explanation if it does not.
- List of paid staff and salaries.
- Certificate authenticating non-profit status.
- Current North Carolina Solicitation license.

***If any of the above items are not included in your application, please provide an explanation on a separate sheet of paper placed in the order requested.

I have the authority and hereby certify that the information contained in this application and the accompanying documents are true, that all financial documents have been reviewed for accuracy and that the application is made with the knowledge and proper authorization of the organization.

Name of Person Completing Application:

Title: _____

Signature: _____

Date Signed: _____

Name of Board President/Chairperson:

Title: _____

Signature: _____

Date Signed: _____

AFTER COMPLETING THE APPLICATION, PLEASE PRINT AND SIGN WHERE REQUIRED. MAIL ONE ORIGINAL AND SIX COPIES OF THE COMPLETED APPLICATION AND SUPPORTING MATERIAL TO THE ADDRESS LISTED ON THE COVER PAGE.