



## **TOWN OF BELVILLE**

# **Donation Application**

## **2026 / 2027**

**Town of Belville  
497 Olde Waterford Way, Ste 200  
Belville, NC 28451**

**Telephone: (910) 371-2456  
Email: [finance@townofbelville.com](mailto:finance@townofbelville.com)**

## 2026 / 2027 Donation Application

<b>Agency Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>	
<b>Contact Name and Title:</b>		
<b>Brief Description of Agency/Organization (50 words or less):</b>		
<b>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</b> <b>If yes, please attach a letter of explanation to this application.</b>		
<b>Did your agency/organization receive funding from the Town of Belville in 2025/2026? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<b>Amount of all funds in 2025/2026 allocated from all Town of Belville sources: \$_____</b>		
<b>Amount of estimated value of all in-kind Town of Belville 2025/2026 contributions received: \$_____</b>		
<b>Amount of funding requested for 2026/2027: \$_____</b>		
<b>Amount of estimated value of all in-kind Town of Belville 2026/2027 contributions anticipated: \$_____</b>		
<b>Amount of 2026/2027 estimated total agency budget income: \$_____</b>		
<b>Amount requested from the Town of Belville is _____% of your total budget.</b>		

## 2026 / 2027 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):

<input type="checkbox"/>	Application form completed and signed by president/chairperson of non-profit board with any requested additional list or statements.
<input type="checkbox"/>	An explanation of how the funds requested will meet a public need for the residents of Belville and/or Brunswick County <b>OR</b> an explanation of how the funds requested will supplement an existing service.
<input type="checkbox"/>	An explanation of the measurable goals or outcomes, and an implementation plan including timeframes for the use of the funds.
<input type="checkbox"/>	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.
<input type="checkbox"/>	A copy of your current budget with a statement of anticipated changes for the upcoming year.
<input type="checkbox"/>	End of year financial report to include 12-month profit and loss statement and an explanation for any reserves held by the agency/organization.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 <b>OR</b> an explanation if it does not.
<input type="checkbox"/>	List of paid staff and salaries.
<input type="checkbox"/>	Certificate authenticating non-profit status.
<input type="checkbox"/>	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 IT IS REQUIRED. PLEASE PROVIDE ONE ORIGINAL AND SIXTEEN (16) DOUBLE SIDED COPIES OF THE COMPLETED APPLICATION AND SUPPORTING MATERIAL(S) TO THE ADDRESS LISTED ON THE COVER PAGE.**