



1 Historic Courthouse Square #2  
Hendersonville, NC 28792  
Phone: 697-4809 Fax: 692-9855

# HENDERSON COUNTY

## Non-Profit Agency Funding Application

Fiscal Year 2010-2011

### SECTION I

#### ORGANIZATIONAL INFORMATION

Organization Name	Executive Director
Contact Person for Grant	Phone Number
Mailing Address	E-Mail
City                      State                      Zip	Fax Number
Website address (if applicable)	Received County funding in last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Application <input type="checkbox"/> One-Time Project <input type="checkbox"/> Continuation <input type="checkbox"/> Expansion	Amount of Funding requested

### SECTION II

#### SERVICE SUMMARY

##### Mission Statement

Please provide the organization's Mission Statement and/or general organizational information.

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##### Problem Statement

Identify the problem or need your Organization will address.

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##### Target Population

Describe the target population that will be served with the requested funds.

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Service Goals
How will this service address the problem or need identified?

Citizens Impacted
How many citizens will be directly impacted by the program funds?

Funding Implications
Describe the impact on your organization, clients and/or services if the requested program funds are not approved.

Partnerships
Describe the organization's relationship to County Departments, if any. How does the organization coordinate those services with the County services?

<b>SECTION III</b>
<b>PERFORMANCE MEASUREMENT</b>

Key Activities
What key activities/services will you provide to your customers in order to accomplish the service goal(s)?

Service Outputs					
Example:	Target	Actual	Target	Actual	Target
Number of after school participants served	500	545	550	275	560
Outputs	FY 2009		FY 2010 YTD		FY 2011
	Target	Actual	Target	Actual	Target

**Service Outcomes**

Please identify 3-4 measures to assess the effectiveness of your strategies, achievement of goals, efficiency of service delivery or improvement of service delivery

Example:	Target	Actual	Target	Actual	Target
Maintain passing test scores for after school participants	70%	68%	75%	76%	80%
Outcomes	FY 2009		FY 2010 YTD		FY 2011
	Target	Actual	Target	Actual	Target

**SECTION IV**  
**BUDGET DETAILS**

Service Budget			
REVENUE	FY 2009	FY 2010	FY 2011 Request
County Funding			
Municipal Funding			
United Way Funding			
Federal and State Funding			
Local Contributions			
Program Service Fees/Other			
Other (specify):			
Total Revenue	\$0	\$0	\$0

EXPENSES	FY 2009	FY 2010	FY 2011 Request
Salaries and Related Expenses			
Operating Expenses			
Capital Expenses			
Other (specify):			
Total Expenses	\$0	\$0	\$0

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Fiscal Officer (Business Manager) Date

\_\_\_\_\_  
Executive Director (Program Manager) Date