

## AGENCY PROGRAM INFORMATION

1. Agency Name: \_\_\_\_\_
2. Agency Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
4. Name of Director: \_\_\_\_\_ Title: \_\_\_\_\_
5. Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
6. Amount of City Funding Appropriated in FY 2008-2009: \$ \_\_\_\_\_
7. Amount of City Funding Appropriated in FY 2009-2010: \$ \_\_\_\_\_
8. **Amount of City Funding Requested for FY 2010-2011**: \$ \_\_\_\_\_
9. What does your agency do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Why are City of Raleigh funds being requested, and how would funds allocated be used? Please identify specific program activities and budget-line items. Explain any significant changes in funding level requested. (Attach an additional sheet if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe the circumstances which brought your agency into being. Please provide dates.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. To whom does your agency provide services? \_\_\_\_\_
13. What is the geographic service area of your agency? \_\_\_\_\_
14. If your agency serves non-Raleigh residents, please indicate the approximate percentage of total persons served that live outside of the Raleigh City limits. \_\_\_\_\_ %

15. What other agencies provide similar services? \_\_\_\_\_  
\_\_\_\_\_

16. List sponsors and affiliated agencies. \_\_\_\_\_  
\_\_\_\_\_

17. Does your agency contract with the City of Raleigh , any agency of Wake County , or the State of North Carolina  for the provision of services? (Check all that apply.) List services provided.  
\_\_\_\_\_  
\_\_\_\_\_

18. Is your agency:

Licensed or Certified by the State of North Carolina?  Yes  No

Chartered as a nonprofit corporation by the State of North Carolina?  Yes  No

Certified by the Federal Government as a tax-exempt organization under 26 USC 501(c)(3) ?  Yes  No

*(Please attach a copy of your 501(c)(3) nonprofit status certification letter.)*

20. How is your agency governed and managed? Please provide a list of your Board of Directors and an organization chart.  
\_\_\_\_\_  
\_\_\_\_\_

21. Is your agency accountable to a governmental agency?  Yes  No If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

22. Provide the name and title of all bonded agency officials responsible for the authorization of expenditures and the disbursal of funds. Indicate the amount of each bond.

<u>Name &amp; Title</u>	<u>Bond Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

23. If the City of Raleigh has previously funded your agency, indicate the percent of your total annual budget represented by City funding:

FY 2008-2009 \_\_\_\_\_ %

FY 2009-2010 \_\_\_\_\_ %

What percent of your proposed 2010-2011 budget would the City of Raleigh requested funds represent? \_\_\_\_\_ %

24. Does your agency have a detailed budget which will control and guide the use of funds through the period funded?  Yes  No

25. Does a licensed CPA perform an annual audit for all funds handled by your agency?  Yes  No

26. What is the period of your agency's fiscal year? \_\_\_\_\_ to \_\_\_\_\_  
month month

27. Is it expected that the City will be asked to continue providing funds in the future?  Yes  No  
If so, estimate your request from the City for the following fiscal years:

FY 2011-12 \$ \_\_\_\_\_

FY 2012-13 \$ \_\_\_\_\_

FY 2013-14 \$ \_\_\_\_\_

28. Will your agency be willing and able to fully comply with all aspects of the City of Raleigh's *Fiscal Requirements of Agency Activities*?  Yes  No

Comments : \_\_\_\_\_

29. The City requires an evaluation of your program to determine if agency goals and objectives have been met during the funded period. Please use the attached "Evaluation of Your Program" form (*also available in electronic format*) to indicate the major objectives and measures of the program to be *funded by this grant request*. If your organization conducts its own evaluation, you may attach a copy of the report as a supplement but not a replacement of this form. **Complete Column One at this time.** Columns Two and Three will be completed at the end of the grant year and due to the City by October 31, 2010.

30. Other specific comments in support of your budget request. \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_