



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

HENDERSON COUNTY

Non-Profit Agency Funding Application

Fiscal Year 2009-2010

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.

Problem Statement
Identify the problem or need your Organization will address.

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

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?

SECTION III
PERFORMANCE MEASUREMENT

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 2008		FY 2009 YTD		FY 2010
	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 2008		FY 2009 YTD		FY 2010
	Target	Actual	Target	Actual	Target

SECTION IV
BUDGET DETAILS

Service Budget			
REVENUE	FY 2008	FY 2009	FY 2010 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 2008	FY 2009	FY 2010 Request
Salaries and Related Expenses			
Operating Expenses			
Capital Expenses			
Other (specify):			
Total Expenses	0	0	0

Fiscal Officer (Business Manager) Date

Executive Director (Program Manager) Date