

**CITY OF THOMASVILLE
APPLICATION FOR OUTSIDE AGENCY FUNDS**

FISCAL YEAR 2023/2024

Please return this completed form by
5:00 P.M., March 31, 2023 to:

City of Thomasville
City Clerk's Office
10 Salem Street
P.O. Box 368
Thomasville, NC 27361-0368

Request Submitted By:

_____ Agency

_____ Federal Tax ID Number

_____ Address

Funding Received from City for FY 2021/2022 \$ _____

Funding Received from City for FY 2022/2023 \$ _____

Amount of Funding Requested for FY 2023/2024 \$ _____

FUNDS SHALL ONLY BE APPROPRIATED FOR PUBLIC PURPOSES.

By: _____
Name Telephone

_____ Title

Date Request Submitted: _____

PLEASE NOTE, YOU MUST PROVIDE THE FOLLOWING TO YOUR APPLICATION.

Under \$20,000 – Statement of Revenues and Expenses and Balance Sheet (compilation prepared by CPA). Periodic review of internal controls every two years; or

\$20,000 and greater – Audited Financial Statements prepared by an Independent CPA for the most recent fiscal year prior to the application. IF THE AGENCY AUDIT IS NOT COMPLETE, PLEASE INDICATE WHEN THE AUDIT WILL BE SUBMITTED. UNDER NO CIRCUMSTANCES WILL THE CITY DISTRIBUTE FUNDS WITHOUT AN AUDIT INDICATING THE AGENCY IS IN GOOD FINANCIAL HEALTH.

Please answer all of the following questions. (Attach additional sheets, if necessary.)

1. Please give a brief description of the mission and programs of the agency.

2. What community need of the citizens of the City of Thomasville is the agency addressing in this request? (Please include a brief needs assessment or collected data, which describes the need which the program addresses.)

3. Please include a breakdown of how the funds requested will be used to help the agency accomplish its mission within the City of Thomasville. In this breakdown, please include:

A. The number of persons to be served by the program and the percentage of those who are City of Thomasville residents;

B. The Geographical area served by the requesting agency;

C. Other funding sources and amounts of funding provided (or requested);

D. History (past two years) of all funding sources. Indicate if public or private. If funds provided by City, please provide detailed description of use of funds.

E. Whether the City of Thomasville currently provides any in-kind assistance to the agency, and if so, what;

4. Attach to this application:

A. A list of the Board of Directors and permanent staff members;

B. A copy of the tax status determination letter from the IRS; and

C. Under \$20,000 – Statement of Revenues and Expenses and

Balance Sheet (compilation prepared by CPA). Periodic review of internal controls every two years;

\$20,000 and greater – Audited Financial Statements prepared by an Independent CPA for the most recent fiscal year prior to the application. IF THE AGENCY AUDIT IS NOT COMPLETE, PLEASE INDICATE WHEN THE AUDIT WILL BE SUBMITTED. UNDER NO CIRCUMSTANCES WILL THE CITY DISTRIBUTE FUNDS WITHOUT AN AUDIT INDICATING THE AGENCY IS IN GOOD FINANCIAL HEALTH.

PLEASE NOTE:

Applications submitted to the City without all requested information may or may not be approved.