

NGO Grant Application Instructions

- ❖ Review the Washington County NGO Grant Funding Policy in its entirety before proceeding.
- ❖ Applications must be signed and completed in their entirety to be considered for grant funding.
- ❖ Please be sure all supporting documents are provided with application when submitted.
- ❖ Successful grant applicants must execute an NGO Funding Contract with the County, which will be prepared once the appropriation is approved and adopted in the County Budget.
- ❖ Return the application & all supporting documentation by the deadline as follows:
 1. Electronically via email to gpmanger@washconc.org using "FY27 NGO Grant Application" in your subject line; or
 2. Physical Hard Copy by mail or hand deliver to Washington County Budget Officer:

Attn: Washington County Budget Officer
NGO Grant Application
116 Adams St.
Plymouth, NC 27962
252-793-5823

- ❖ NGOs are responsible for ensuring complete applications are received by the County.
 - ❖ Questions should be addressed to the Grants & Procurement Manager at the email address above at least ten (10) days before the final submission deadline.
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APPLICATION CHECKLIST

Please ensure that the following required attachments are included.

- Article of Incorporation and Corporate Bylaws
- Copy of IRS tax-exempt status determination letter* (a notarized copy of IRS Form 1023 will be accepted from organizations that have completed the form and submitted to the IRS but have not yet received a determination letter)
- Copy of most recently filed IRS Form 990
- Copy of most recent independent audit or financial report (if no audit or financial report is available there must be an explanation as to why one is not available.)
- Agency organization chart
- List of all board members (name, address, term, office)
- Schedule of Board Meeting dates and time for fiscal year
- Copy of the Agency's Mission Statement



WASHINGTON COUNTY
NGO GRANT FUNDING APPLICATION
Fiscal Year Ending June 30th, 2027 (2026-2027)
Application Due: April 10th, 2026 by 5:00 p.m.

NGO's LEGAL NAME: _____

TAX ID NUMBER: _____ NGO's Fiscal Year Ends (MM/DD): _____

PRIMARY CONTACT PERSON: _____

TITLE: _____ PHONE #: _____

CELL #: _____ EMAIL ADDRESS: _____

SECONDARY CONTACT PERSON: _____

TITLE: _____ PHONE #: _____

CELL #: _____ EMAIL ADDRESS: _____

TOTAL COUNTY FUNDS REQUESTED FOR Y27 (7/1/26-6/30/2027): \$ _____

Have you ever received County funding? NO ___ YES ___

Have you received any County funding since 6/30/21? NO ___ YES ___

Did you request County funding this FY25-26? NO ___ YES ___ (Amount?: \$ _____)

Did you receive County funding this FY25-26? NO ___ YES ___ (Amount?: \$ _____)

(If YES, attach summary statement of how it was or is being used)

Is the funding you are requesting to:
Start a NEW project or service? NO ___ YES ___
Support an EXISTING project or service? NO ___ YES ___
Only serve Washinton County residents? NO ___ YES ___

Did you read and understand both the Instructions cover page to the application, & NGO Grant Funding Policy? NO ___ YES ___

Is there any reason County grant funds cannot be provided on a reimbursement basis? NO ___ YES ___
If YES, explain: _____

1. Description of project. Description must include public purpose, community need, type of program(s), service(s), or project(s) provided, estimated number of Washington County residents to be served, impact and cost effectiveness of program(s), service(s), or project(s) provided, intended results, and how results will be measured based on specific, measurable, achievable, realistic, time oriented goals.

Attach additional sheets if necessary.

2. Summary of revenue sources and funding of project for the past three fiscal years ending:

	2023	2024	2025
Federal			
State			
County			
Other			
Total			

3. Summary of expenditures for the project for the past three fiscal years ending:

Summary of Expenditures by Type			
Fiscal Year Ending _____ (Month & Day)			
Actual Estimated Budget			
	2023	2024	2025
Salaries & Benefits			
Operating Expenses			
Capital Outlay			
Other			
Total			

4. Will the project be an annual activity? Yes No

50. If your organization is requesting FY26-27 funding (for event funding, provide a complete detailed budget, including income, expenditures, and anticipated revenue. For capital/administrative/operational grants, provide total operating budget for the organization)

Budget			
Revenues		Expenditures	
Source	Amount	Use of Funds	Amount
Tourism Grant		Salaries & Fringe Benefits:	
State Grant			
Federal Grant		Operating Expenses:	
Other (specify)		Advertising	
		Supplies	
		Professional Services	
		Other (specify):	
		Capital Outlay:	
		New Equipment	
Total Revenues		Total Expenditures	

6. Does the NGO receive any government funding? NO ___ YES (Amount: \$_____)

7. Does the NGO receive any foundation funding? NO ___ YES (Amount: \$_____)

8. Total NGO annual operating budget? \$_____

9. Number of Board Members & Employees:

_____ Board Members (attach list of all current board members and/or officers)

_____ Full-Time Employees _____ Part-Time _____ Temporary

(Attach Articles of Incorporation & Bylaws as well as most recent Audit or Financial Statements/Review)

10. Name & Address to appear on reimbursement check:

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11. Please provide the names and titles of personnel in your organization responsible for authorizing disbursement of funds.

_____	_____
_____	_____
_____	_____

12. Do these individuals sign checks? Yes No

If No, who does? _____

Are they bonded? Yes No Bonded amount? \$_____

I certify that the information provided above or attached is true and correct to the best of my knowledge.

I further certify I have reviewed and can accept the terms of the attached Instructions and NGO Grant Funding Policy referred to therein.

I further certify my understanding that if approved for funding, my NGO will be required to enter into an NGO Funding Agreement with Washington County and comply at all times with the terms and conditions therein.

Signature of NGO Director

Date