



# FY 2020-21 Outside Agencies Funding Application Orientation Workshop



# What is the Outside Agency Process?

- Each fiscal year, non-profit organizations that deliver vital programs/services to the community, have the ability to apply for funding from the Town of Chapel Hill, Town of Carrboro, and Orange County.
- Fifth Year of the shared Funding Application



# FY 2020-21 Outside Agency Funding Application Development

- Over the summer of 2019, representatives from the Town of Chapel Hill, the Town of Carrboro, and Orange County met numerous times to enhance and streamline the FY 2020-21 Outside Agency Application.
- Staff from all three jurisdictions discussed the possibility of an online system to support the application and reporting processes for future funding cycles.
- The FY 2020-21 Outside Agency Application is very similar to last year's funding application!



# FY 2020-21 Outside Agency Funding Application (Section 1: Cover Page)

**COVER PAGE**

**Applicant Contact Information**

Applicant Organization's Legal Name:

Applicant Organization's Physical Address:

Applicant Organization's Mailing Address:

Applicant Organization's Web Address:

Executive Director:

Telephone Number:  E-Mail:

Tax ID Number:

**Funding Request**

Please list all Fiscal Year 2021 Human Services (HS) funding requested for all programs and the proposed use of funds (please list program name only)

Program	Carrboro - HS	Chapel Hill - HS	Orange County-HS	Total
<i>Ex. Youth Afterschool Program Operations or Personnel</i>	\$10,000 <i>Operations</i>	\$15,000 <i>Personnel</i>	\$5,000 <i>Operations</i>	\$30,000
<b>Totals</b>				

Briefly explain your proposed use of funds:

To the best of my knowledge and belief all information and data in this application is true and current. The document has been duly authorized by the governing board of the applicant.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Executive Director

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Board Chairperson

Please be sure the application is physically signed

If you are applying for multiple programs, please list them separately

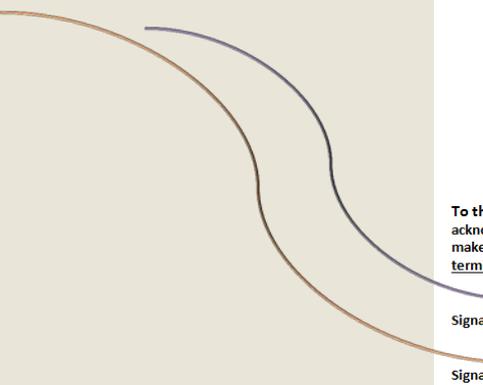


Tell Us More

# FY 2020-21 Outside Agency Funding Application

## *(Section 1: Disclosure of Potential Conflicts of Interest and Non Discrimination Clause)*

**Please be sure this page is complete and is physically signed**



### DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST AND NON DISCRIMINATION CLAUSE

Are any of the Board Members or employees of the agency which will be carrying out this program or members of their immediate families, or their business associates,

YES NO

- a) Employees of or closely related to employees of the Town of Carrboro, the Town of Chapel Hill, or Orange County?
- b) Members of or closely related to members of the governing bodies of the Town of Carrboro, the Town of Chapel Hill, or Orange County?
- c) Current beneficiaries of the program for which funds are being requested?
- d) Paid providers of goods or services to the program or having other financial interest in the program?

If you have answered YES to any question, please provide a full explanation below.

### NON-DISCRIMINATION

Provider agrees as part of consideration of the granting of funds by funding agencies to the parties hereto for themselves, their agents, officials, employees and servants agree not to discriminate in any manner of these basis of race, color, gender, national origin, age, handicap, religion, sexual orientation, gender identity/expression, familial status or veterans status with reference to any activities carried out by the grantee, no matter how remote. The parties hereto further agree in all respects to conform to the provision and intent of Orange County Civil Rights Ordinance, as amended and the Orange County Anti-discrimination Policy. This provision is enforced by action for specific performance, injunctive relief, or other remedy as by law provided; this provision shall be binding on the grantees, the successors and assigns of the parties hereto with reference to the above subject manner.

**To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Board Chairperson

# FY 2020-21 Outside Agency Funding Application (*Section 2: Agency Info.*)

## AGENCY INFORMATION

Please provide the following information about your agency:

1. Date of Incorporation (*Month/Year*):
2. Agency's Purpose/Mission (*no more than a few sentences*):
3. Please provide a brief description of your organization's past achievements in carrying out similar projects and evidence of successful record of meeting proposed budgets and timetables (*no more than 100 words*).
4. Living Wage: Does this agency pay permanent employees a minimum [living wage](#)? (*Yes / No*)   
  
If yes, is this agency an [Orange County Living Wage Certified Employer](#)?   
  
If no, please briefly explain.

Schedule of Positions: # of FTE – Full-Time Paid Positions: \_\_\_ # of FTE – Part-Time Paid Positions: \_\_\_

# FY 2020-21 Outside Agency Funding Application *(Section 3: Program Info.)*

PROGRAM INFORMATION	
<i>*Please submit for each program if applying for funding for more than one program.</i>	
5.	Program Name: <input type="text"/>
	Program Primary Contact and Title: <input type="text"/>
	Telephone Number: <input type="text"/> E-Mail: <input type="text"/>
6.	Please briefly describe the proposed program, including an explanation of how it aligns with the Town of <a href="#">Chapel Hill and Carrboro's Results Framework</a> , and <a href="#">Orange County BOCC Goals and Priorities</a> , and the target population to benefit from the program. <i>(100 words or less)</i>



Please reference the links to the Results Framework and the County Commissioner Goals and Priorities

# FY 2020-21 Outside Agency Funding Application

## (Section 3: Program Info Continued)

**7. Target Population:** Please complete the table below with numbers (not percentages) of individuals served and projected to be served.



Program Target Population Demographics				
	Projected 2018-19	Actual 2018-19	Projected 2019-20	Projected 2020-21
<b>Gender</b>				
Men				
Women				
Nonbinary/Genderqueer				
Self-Describe				
<b>Total</b>	0	0	0	0
<b>Race and Ethnicity</b>				
Black or African-American				
American Indian or Alaska Native				
Asian				
White				
Native Hawaiian or other Pacific Islander				
Two or more races				
Some other race				
<b>Total</b>	0	0	0	0
Of the above, how many Hispanic/Latino				
Of the above, how many non-Hispanic/Latino				
<b>Total</b>	0	0	0	0
<b>Age</b>				
0-5 years				
6-18 years				
19-50 years				
51+ years				
<b>Total</b>	0	0	0	0
<b>Geographic Location</b>				
Town of Chapel Hill				
Town of Carrboro				
Orange County ( Outside of Chapel Hill/Carrboro)				
Outside of Orange County				
<b>Total</b>	0	0	0	0
<b>Income</b>				
Low-income (80% of the Area Median Income and Below) Please see income table in the attachments				
<b>Total</b>	0	0	0	0

# FY 2020-21 Outside Agency Funding Application

## *(Section 3: Program Info Continued)*

### 8. Cost Per Individual

This cost per individual must reflect the total program budget divided by the total number of program individuals in this application.

	Actual 2018-19	Projected 2019-20	Projected 2020-21
<b>Total Cost of Program</b>			
<b>Total # of Individuals</b>			
<b>Cost Per Individual</b>			



# FY 2020-21 Outside Agency Funding Application

## (Section 3: Program Info Continued)

### 9. Performance Indicators

For Chapel Hill and Carrboro applicants:

Please complete the following chart with information about the Strategic Objective, Intermediate Result, and the Agency Performance Indicator for each program for which you are applying for funding. Please see the Results Framework in the Attachments section as a reference.

Program Name:

<b>Strategic Objective</b> <i>(please choose one from the Results Framework)</i>	<input type="checkbox"/> Children improve their educational outcomes			
	<input type="checkbox"/> Residents Increase their livelihood security			
	<input type="checkbox"/> Residents improve their health outcomes			
<b>Intermediate Result</b> <i>(please choose one from the Results Framework)</i>	<i>Insert Intermediate Result here.</i>			
<b>RESULTS</b>		Actual 2018-19	Projected 2019-20	Projected 2020-21
<b>Performance Indicators</b> <i>(Please choose at least one performance indicator to report on from the Results Framework, and add additional performance indicators that you would like to report to the Towns. Please insert additional rows as needed, listing one per row).</i>	<i>Insert Performance Indicator here.</i>			

Please reference the Human Services Program Results Framework information in the back of this package (pages 17-20)

# FY 2020-21 Outside Agency Funding Application (Section 3: Program Info Continued)





**ORANGE COUNTY**  
NORTH CAROLINA  
Outside Agencies/Human Services

Please use the drop down menu below to select which function area best aligns with your agency and program(s) in which you are requesting funding. **Please select only one from the drop down menu below.**

Please select a function area

Choose an item

- Arts and Culture Services
- Behavior Health
- Food and Nutritional Services
- Housing
- Human Rights and Community Services
- Juvenile and Adult Justice Services
- Other
- Public Health and Health Education
- Recreational
- Senior Services
- Youth Services

What function area best aligns with your organization:

What performance measures below.

Please put the actual number equivalence.

Performance measures are outcome based and not outputs.

<b>Program Goal # 1</b>	
<b>Performance Measure</b> <i>(How will you accomplish your goal?)</i>	
<b>Actual Results (Outcome)</b> <i>Ending FY18-19</i>	
<b>Projected Results (Outcome)</b> <i>Ending FY2020</i>	
<b>Projected Results (Outcome)</b> <i>Ending FY2021</i>	

<b>Program Goal # 2</b>	
<b>Performance Measure</b> <i>(How will you accomplish your goal?)</i>	
<b>Actual Results (Outcome)</b> <i>Ending FY18-19</i>	
<b>Projected Results (Outcome)</b> <i>Ending FY2020</i>	

Program information Page 11 of 20

# FY 2020-21 Outside Agency Funding Application (Section 3: Program Info Continued)

The County is requesting 3 performance measures per program.



<b>Program Goal # 1</b>	
<b>Performance Measure</b> <i>(How will you accomplish your goal?)</i>	
<b>Actual Results</b> <b>(Outcome)</b> <i>Ending FY18-19</i>	
<b>Projected Results</b> <b>(Outcome)</b> <i>Ending FY2020</i>	
<b>Projected Results</b> <b>(Outcome)</b> <i>Ending FY2021</i>	

Please use Outcome based performance measures instead of output.

**YOUR PERFORMANCE MEASURES SHOULD BE BRIEF AND CONCISE.**

*Flow: Mission > Goal > Objective > Measure (outcome)*

# FY 2020-21 Outside Agency Funding Application

## *Community Impact Award Section*

### Community Impact Award

If you are applying for the Town of Chapel Hill's Community Impact Award, please provide responses to the questions below. All other applicants, please skip these questions. (Responses should not exceed 100 words per question)

1. Please describe the impact the proposed programs will have on the target population? Please include specific quantitative and qualitative data in your response.
2. What methods/tools will your organization use to evaluate the proposed program's effectiveness? Please include specific examples, such as a logic model.
3. Please briefly describe how your proposed programs aligns with evidence based approaches to addressing human service need(s).
4. Please describe one to three key partnerships/collaborations that add the most value to the success of the proposed programs.

**This is  
applicable to  
the Town of  
Chapel Hill  
Only**

# FY 2020-21 Outside Agency Funding Application

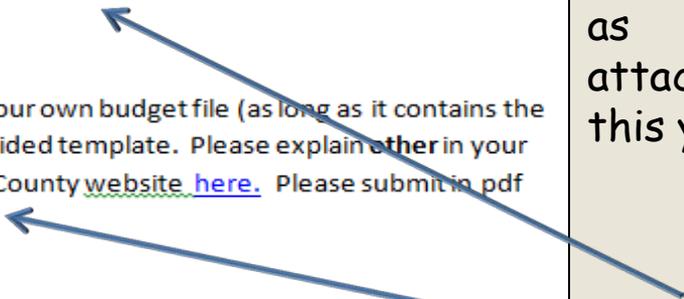
## Section 4: Attachments

4. ATTACHMENTS	
<u>Description of Required Attachments</u>	
<b>a) Financial Audit</b> A recent financial audit that should cover <b>CY 2018</b> , for calendar year agencies, and <b>FY 2018-19</b> , for fiscal year agencies. For agencies with prior year revenues totaling \$500,000 or more a financial audit, prepared by a certified public accountant is required. Agencies with prior year revenues of less than \$500,000 may submit a completed Schedule of Receipts and Expenditures form (see application materials), in lieu of an audit/report. Agencies with a certified audit/report should not complete the form. Schedule of Receipts and Expenditures form is listed on the Town's and county website <a href="#">here</a> .	
<b>b) Agency Budget</b> Please complete the provided template or submit your own budget file (as long as it contains the same information, and in a similar format, as requested in the provided template. Please explain <b>other</b> in your budget). Agency Budget Template is listed on the Town's and County website <a href="#">here</a> . <i>Please submit In PDF form only.</i>	
<b>c) Program Budget</b> You may complete the provided template or you may submit your own budget file (as long as it contains the same information, in the same format, as requested in the provided template. Please explain <b>other</b> in your budget). Program Budget Template is listed on the Town's and County website <a href="#">here</a> . Please submit in pdf only.	
<b>d) IRS Federal Form 990</b> A copy of the agency's 2018 Form 990 is required. The specific form depends upon the agency's financial activity. Review the IRS' table guide, for more details. For Form 990-N (e-postcard) filers, include a copy of the postcard, with the agency's application materials.	

Note:  
Correct  
Fiscal/CY  
Year

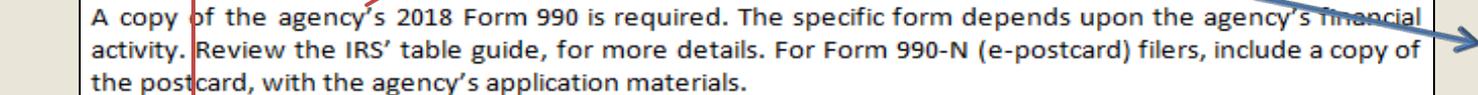


The Agency Budget and Program Budget Worksheets are included as attachments this year.



PDF Only

Note:  
Correct  
Fiscal/CY  
Year



# FY 2020-21 Outside Agency Funding Application

## *Section 4: Attachments Continued*

### **e) NC Solicitation License**

A copy of the agency's current solicitation license is required. Organizations that solicit contributions in North Carolina, directly or through a third party, must renew their licenses annually. For more details, refer to the NC Secretary of State's licensing website and its Frequently Asked Questions Guide (PDF), about exemptions. **If exempt per N.C.G.S. § 131F-3, include a copy of the exemption letter with the agency's application materials.**

### **f) IRS Federal Tax-Exemption Letter**

A copy of the agency's current IRS tax-exempt letter that confirms its nonprofit status is required. An agency can request a copy of its letter from the [IRS' Customer Account Services](#).

### **g) List of Board of Directors**

Provide the following information about each board of director's member: name, telephone number, address, occupation or affiliation of each member and the list must identify the principal officers of the governing body, and length of term.

### **h) Solid Waste Program Fee (SWPF) Verification**

This fee finances Orange County's recycling and waste reduction program. Submit either a.) proof of payment of the agency's **FY 2018-19** Solid Waste Program Fee, OR b.) a statement on agency letter head indicating exemption and specify the person(s), business, etc. that is responsible for paying this fee.

**Reminder**  
**(Current)**

# FY 2020-21 Outside Agency Funding Application

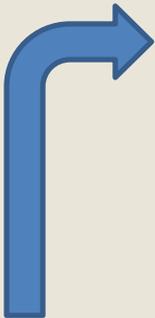
## *Section 4: Attachments Continued*

### i) Certificate of Liability Insurance

A copy of the agency's current certificate, from the agency's insurance carrier. Table 1 below outlines insurance types and minimums required, for each jurisdiction. If exempt from Worker's Compensation compliance, include a statement explaining why, with the agency's application materials.

**NOTE:** Proof of insurance is not required at the time of application submission. If your agency is approved for funding, documentation of insurance must be provided to the jurisdiction awarding the funding when the contract is awarded. The insurance certificate should reflect the funding jurisdiction as an additional insured party and certificate holder and provide coverage for the duration of the funding period (July 1 – June 30). Renewal certificates must be sent to the jurisdiction 30 days prior to any expiration date, cancellation or modification of any stipulated insurance coverage.

**NOTE:** Upon request, insurance requirements may be reviewed on a case by case basis by the Town or County. Please contact the staff identified on the Submission Requirements on Page 2 if you have questions or would like to request a review of your insurance requirements.



***Please note:*** Orange County will still require proof of insurance with the submission of your organization's funding application.

# FY 2020-21 Outside Agency Funding Application

## Section 4: Attachments Continued



*If you are unsure of what coverages your agency should have, please email us. Required coverages depend on specific programs, activities, population you're serving, etc.*

INSURANCE	TOWN OF CARRBORO	TOWN OF CHAPEL HILL	ORANGE COUNTY <sup>3</sup>
<b>Worker's Compensation<sup>1</sup></b>	Limits for Coverage A - Statutory State NC, for each employee  Limits for Coverage B - Employers Liability of: \$1 million Each Occurrence \$1,000,000 BID <sup>2</sup> limit	Limits for Coverage A - Statutory State NC, for each employee  Limits for Coverage B - Employers Liability of: \$100,000 Each Occurrence \$100,000 BID for each employee \$500,000 BID limit	Limits for Coverage A - Statutory State NC, for each employee  Limits for Coverage B - Employers Liability of: \$500,000 each accident, \$500,000 BID for each employee \$500,000 for BID limit
<b>Commercial General Liability</b>	\$100,000 Property Damage Liability \$1 Million Bodily Injury and Property Damage Limit	\$1 million Each Occurrence \$2 million Aggregate	\$1 million Each Occurrence \$2 million Aggregate
<b>Automobile Liability</b>	Not Applicable	\$1 million Each Occurrence  <i>*Only required for agencies doing travel as part of the agreement with the Town.</i>	\$1 million Each Occurrence
<b>Professional Liability</b>	Not Applicable	\$1 million Each Occurrence \$2 million Aggregate	\$1 million Each Occurrence \$2 million Aggregate
<b>Sexual Abuse &amp; Molestation</b>	Not Applicable	\$1 million Each Occurrence \$2 million Aggregate  <i>*Only required for agencies doing direct work with minors (under the age of 18).</i>	\$1 million Each Occurrence \$2 million Aggregate
<b>Cyber Liability</b>	Not Applicable	\$1 million Each Occurrence \$2 million Aggregate  <i>*Only required for agencies transmitting personal identifiable information that is disseminated electronically.</i>	\$1 million Each Occurrence \$2 million Aggregate

# FY 2020-21 Outside Agency Funding Application *Reference Material*



## 2019 Income Limits

US Department of Housing and Urban Development (HUD)

Durham-Chapel Hill Metropolitan Statistical Area  
(Durham, Orange, and Chatham Counties)

<i>Income Level</i>	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% area median income	\$17,850	\$20,400	\$22,950	\$25,450	\$27,500	\$29,550	\$31,600	\$33,600
50% area median income	\$29,700	\$33,950	\$38,200	\$42,400	\$45,800	\$49,200	\$52,600	\$56,000
60% area median income	\$35,640	\$40,740	\$45,840	\$50,880	\$54,960	\$59,040	\$63,120	\$67,200
80% area median income	\$47,500	\$54,300	\$61,100	\$67,850	\$73,300	\$78,750	\$84,150	\$89,600

**Used in Section 3: Program Information – Question #7 Target  
Population Demographics**

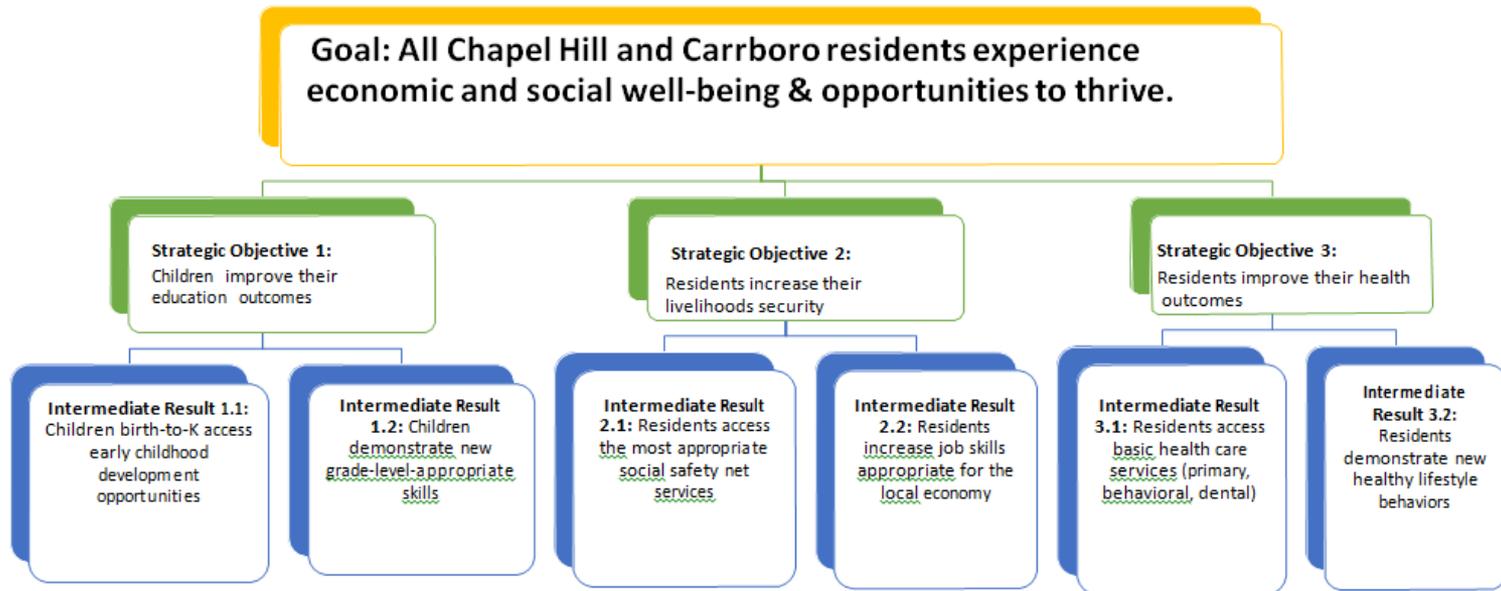
# FY 2020-21 Outside Agency Funding Application

## Reference Material



### Human Services Program Results Framework

The Town of Chapel Hill and the Town of Carrboro's Human Services Program funds programs that improve education, livelihood security, and health outcomes for all residents. The program's overarching goal is to achieve economic and social wellbeing and opportunities to thrive for all residents, particularly those who are low-income or otherwise disenfranchised.



# FY 2020-21 Outside Agency Timeline



DATE	ACTIVITY
October 28, 2019 (9:00am-11:00am)	Performance Measures Workshop – Chapel Hill Public Library, Meeting Room B
Second Week of November 2018	November 12, 2019 Funding Application Posted on Websites
November 18, 2019 (9:00am-11:00am)	Application Orientation Workshop - Chapel Hill Public Library Meeting Room B
December 12, 2019 (6:00pm-8:00pm)	Application Orientation Workshop –Southern Human Service Center
November 2019 – January 2020	Agency Prepares Application
December 16, 2019 (9:00am –11:00am)	Q&A Sessions Held-Chapel Hill Public Library – Chapel Hill Public Library Meeting Room A
January 6, 2020 (9:00am-11:00am)	Q&A Session Held- Chapel Hill Public Library, Meeting Room A
January 14, 2019	Applications Deadline 5:00 pm
February – May 2020	Application Review & Agency Presentations <i>*No Agency Presentation will be required for Town of Chapel Hill request in the amount of \$5,000 or less.</i>
June 2020	Agency Funding Approval by Board/Council
July 2020	Contracts Executed & Programs Begin



**IMPORTANT**

# FY 2020-21 Outside Agency Submission Information

- The Application Submittal Deadline for the Fiscal Year 2021 is: **Tuesday, January 14, 2020 5:00 PM**  
*Please note that late, handwritten, or incomplete applications will not be accepted.*



**NEW THIS YEAR!**

Applications are to be submitted electronically to:

- Town of Chapel Hill: [humanservices@townofchapelhill.org](mailto:humanservices@townofchapelhill.org)
- Town of Carrboro: [humanservices@townofcarrboro.org](mailto:humanservices@townofcarrboro.org)
- Orange County: [outsideagencies@orangecountync.gov](mailto:outsideagencies@orangecountync.gov)

# Outside Agency Contacts

*(Left to Right)*



**Jackie Thompson**  
*Human Services  
Coordinator*  
919-969-5081  
[humanservices@townofchapelhill.org](mailto:humanservices@townofchapelhill.org)



**Allen Coleman**  
*Budget & Executive  
Management Services  
Analyst*  
919-245-2151  
[outsideagencies@orangecountync.gov](mailto:outsideagencies@orangecountync.gov)



**Annette Stone**  
*Economic and  
Community  
Development Director*  
[humanservices@townofcarrboro.org](mailto:humanservices@townofcarrboro.org)

***Questions?***

***THANK YOU!***