



TOWN OF FAIRVIEW

**APPLICATION FOR OUTSIDE AGENCY / NON-PROFITS
REQUESTING FUNDS FROM TOWN OF FAIRVIEW**

FISCAL YEAR _____

Please provide six (6) copies and return the original to:

**Town of Fairview
Attn: Town Clerk
7400 Concord Highway
Monroe, NC 28110-6927**

Request Submitted by:

Agency Name

Address

Funding Received from Town of Fairview – previous years _____

Amount of Funding requested, FY _____ \$ _____

By: _____

Name

Telephone

Title / Position

Date

Date Request submitted to Town of Fairview _____

Date Request received by Town of Fairview _____

Date and action taken by Town of Fairview _____

Please include a breakdown of how the funds requested will be used to help accomplish your goals.

- Number of persons to be served by the requested funds
- Other funding sources and amounts of funding provided (or requested)
- Is any in-kind assistance being requested, and if so, what kind
- Any additional information you may want to share that may assist the Town of Fairview Board of Council make an informed decision

Attach to this application:

- List of the Board of Directors, permanent staff members, and volunteers
- Copy of the tax status determination letter from the IRS. If one is not available, include a brief explanation as to why.
- One (1) copy of the most recent independent audit of the agency/non-profit organization
If an audit is not available, one (1) copy of the most recent financial statement and budget

PLEASE NOTE: Incomplete applications may not be considered for funding.

Please answer all the following questions (attach additional sheets, if necessary):

1. Please give a brief description of the mission and programs of the agency or non-profit organization.

2. What community needs of the citizens and the Town of Fairview is being addressed in this request?

Signature of Requesting Agency's Authorized Official

Date