

Rockingham County

2022-2023

CIVIC AND COMMUNITY ORGANIZATIONS

FUNDING APPLICATION PACKET



**APPLICATIONS DUE BY
FRIDAY, NOVEMBER 19, 2021 5:00 P.M.**

AT

**Finance Department
20 East Gay St.
Harrisonburg, Virginia 22802
Phone: (540) 564-3010 Fax: (540) 564-1433**

GENERAL APPLICATION INFORMATION

1. This application should be used by any organization or agency requesting funding from the County's General Fund Budget. The purpose of this application is to assist the County in determining the most effective use of County funds.
2. Applications are due to the Finance Department at 20 East Gay Street, Harrisonburg, Virginia, 22802, by 5:00 P.M. Friday, November 19, 2021. ***This is not a postmark deadline. If sending application via U.S. Mail, please allow sufficient time for delivery to ensure that applications are RECEIVED by the deadline.***
3. **Private individuals are not eligible to submit project applications.** Projects must benefit a group of people and be administered by an agency, organization, or business (i.e., a legal entity).
4. The application must stand alone and will serve as the primary vehicle for applicants to provide information on their request. However, applicants may also be asked to submit additional information. Note: An appropriation of funds in one fiscal year does not imply a commitment by the County to provide funds in subsequent years.
5. The application evaluation will also now include a review committee. The review committee will advance to the Finance Committee and County Administrator recommendations on which requests should be incorporated into the County Administrator's budget. The Finance Committee and County Administrator will determine which recommendations to include in the budget as is feasible based on financial constraints.
6. Funding disbursements will be made on a yearly basis. The yearly disbursements will be disbursed after notification from the agency is received by e-mail, letter, or fax. The County reserves the right to adjust the yearly payments should state or local budgetary circumstances so require.
7. Submit **one (1) original copy** of the application. Note: All attachments to the application must be included in the original. You may send your application electronically in pdf format to bfulk@rockinghamcountyva.gov, regular mail, or hand delivery.
8. The application package must include the following:
 - i. IRS 501(C) Tax Exemption Determination Letter (if applicable)
 - ii. Current List of the Organization's Board of Directors (if applicable) indicating their addresses, telephone numbers, and terms of appointment
 - iii. Organization's most recent audit if one is performed
 - iv. Organization's written financial statement showing the sources of revenue and actual expenditures for its current fiscal year
 - v. IRS Form 990

9. The Rockingham County Board of Supervisors has identified 4 focus areas in which to provide funding support. They consist of the following:
- A. Crisis Intervention and Diversion**
Services provided to individuals and families in crisis to overcome immediate problems and reduce or prevent further penetration to more restrictive and expensive higher level services.
 - B. Improved Quality of Human Services**
Services and opportunities provided to individuals, organizations, and communities that enhance the quality, accessibility, accountability and coordination of services provided by community organizations.
 - C. Homelessness Prevention and Self-Sustainability**
Services focused on assisting individuals and families in becoming and/or remaining independent and stable, and providing tools, skills, strategies and resources to individuals and families.
 - D. Cultural Development**
Providing opportunities for individuals to enhance their cultural experiences. Includes things like museums, art and music.

**Rockingham County
Funding Application Form
For Fiscal Year July 2022-June 2023**

Name of Applicant: _____

Applicant Contact Information:

Project Manager _____ Email _____

Phone Number _____ Fax Number _____

Mailing Address: _____

Physical Address (if different than mailing address):

Amount of County Funds Requested: \$ _____

Total Annual Operating Budget: \$ _____

Description of activity, including the design, goals, and benefits to be gained:

Based on your 2020 data, please provide the number of your clients whom reside within Rockingham County and the total number of clients your agency serves:

Explain why financial assistance from the County is necessary to provide these services, including supporting statistical evidence and statements from authorities:

Describe your prior experience in the same or similar activities as proposed, including years of experience.

Explain the effect upon these services if the County does not fund your request or if the award is less than requested:

How does this program create a unique and valuable impact in our County?

Explain how your activity contributes to the fulfillment of the focus areas of the County listed on Page 3.

List other funding sources that are being sought and/or will be leveraged from the applicant's own resources along with this request for County funding:

Signature: Applicant Authorized Representative

Date