



# Town of Black Mountain

160 Midland Avenue • Black Mountain, North Carolina 28711  
Phone (828) 419-9310 • Fax (828) 669-4204 • TDD 800-735-2962  
[www.townofblackmountain.org](http://www.townofblackmountain.org)

Mayor  
Don Collins

Board of Aldermen  
Vice-Mayor Maggie Tuttle  
Alderman Ryan Stone  
Alderman Larry Harris  
Alderman Carlos Showers  
Alderman Tim Raines

Town Manager  
Josh Harrold

Assistant Town Manager  
Dean Luebke

Assistant to Town Manager/Town Clerk  
Angela Reece

March 4, 2020

The Town of Black Mountain is currently accepting applications for non-profit funding for FY21 (beginning July 1, 2020 and ending June 30, 2021). Completed applications are due March 30, 2020. Applications can be delivered to Town Hall, attention Cortney Kidd, or emailed to

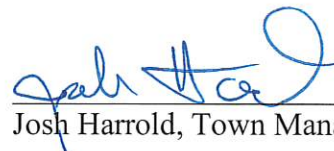
[cortney.kidd@townofblackmountain.org](mailto:cortney.kidd@townofblackmountain.org)

Applications received after the due date, or not completed properly may not be considered for funding.

After reviewing all applications, the Town Manager will make his recommendation for funding as a part of the FY21 budget.

If you have any questions, please contact Cortney Kidd at the email listed above.

Thank you for the services you provide to the Town.

  
\_\_\_\_\_  
Josh Harrold, Town Manager



# Town of Black Mountain

Application for Funding

Funding Period: July 1, 2020 to June 30, 2021

## PART I: AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Director or Application Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Status:    Private non-profit    Community Association    Other

(If other, please explain in the space below)

Agency 501 C-3 Number: \_\_\_\_\_ or Federal Tax ID Number: \_\_\_\_\_

Amount of City funds requested: \$ \_\_\_\_\_ for (check box below)

Capital costs (construction or large specific purchase)

Operating costs

## PART II: PROGRAM INFORMATION

- A. Describe the overall public purpose your agency meets. (Please limit your response using only the space provided below.)

Town of Black Mountain Application for Funding

\_\_\_\_\_

- B. Provide the following information about your clients based on your most recent date. Information current as of (date) \_\_\_\_\_.**

RESIDENCE OF CLIENTS SERVED

Town of Black Mountain: \_\_\_\_\_

Buncombe County: \_\_\_\_\_

TOTAL: \_\_\_\_\_

- C. Provide a name and address listing of your agency's Board of Directors with their dates of appointment and length of term to be served as ATTACHMENT 1.**

- D. Identify specifically what you seek to accomplish with the requested funds and how this will help you achieve your organizations goals. (Please limit your response using only the space provided below.)**

\_\_\_\_\_

- E. Describe the impact your organization has on the quality of life for the citizens of the Town of Black Mountain and local Buncombe County residents. (Please limit your response using only the space provided below.)**

\_\_\_\_\_

**PART III: FINANCIAL INFORMATION**

- A. List your agency’s principal sources of funding including corresponding percentages of Budget:**

Funding Source	Amount	% of Annual Budget
Grant Monies		
State of NC		
Other Sources (please specify below)		

- B. Provide the following budget expense information in percentages for the current year:**

SALARIES and FRINGE BENEFITS \_\_\_\_\_% of Annual Budget  
 OPERATING EXPENSES \_\_\_\_\_% of Annual Budget

- C. Include a copy of your agency’s budget for the current year as ATTACHMENT 2.**
- D. Include a copy of your agency’s most recent independent audit report as ATTACHMENT 3.**

**PART IV. CERTIFICATION**

As the chief executive officer of this agency, or his/her designee, I certify that the above information is true and complete to the best of my knowledge and belief; I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested and that the done organization will comply with the procedures and requirements set forth in this application. *I further agree that any donated funds not used for their specified purpose must be returned to the Town of Black Mountain, NC.*

\_\_\_\_\_  
 Signature of Executive

\_\_\_\_\_  
 Date

Town of Black Mountain Application for Funding

Return completed application and all attachments to:

Town of Black Mountain  
ATTN: Cortney Kidd  
160 Midland Avenue  
Black Mountain, NC 28711

**CHECKLIST:**

Application and attachments must be received by \_\_\_\_\_.

Completed Application

Attachment 1 – List of Board Members: Include addresses, dates of appointment and length of term to be served

Attachment 2 – Current Budget

Attachment 3 – Most Recent independent audit

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

\_\_\_\_\_  
Don Collins, Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Josh Harrold, Town Manager

\_\_\_\_\_  
Date

**Town of Black Mountain Policy on Funding for  
Non-Profit Agencies**

Purpose:

Local Non-Profit Agencies who carry out a public purpose may apply to the Town of Black Mountain for funding assistance. Decisions on funding lie within the discretion of the Board of Aldermen and within funds available.

Eligibility:

Agencies applying for funding shall be tax exempt 501(c)(3) organizations and must have been in operation for at least two (2) years prior to the request for the assistance. The organization must submit a completed application request for funding with supporting information as requested. Funds shall only be appropriated for public purposes.