

# Thank you for your interest in Chapel Hill’s Capital Funding Pilot Program.

*The Town is piloting a Capital Project Program in Fiscal Year 2019 to support non-profit organizations that serve the Chapel Hill community with major infrastructure projects, including new construction, expansion, renovation, and replacement of existing facilities and major equipment purchase, and other capital projects.*

## FUNDING PROCESS KEY DATES

DATE	ACTIVITY
Mid-March DATE TBD, 2019 (9:00am – 11:00am)  Late March Date, 2019 (9:00am-11:00am) Inclement Weather Date	Q&A Sessions
Mid April	Funding Application Posted on Websites
End April, 2019	Application Orientation Workshop - Chapel Hill Public Library Meeting Room B
May-June	Agency Prepares Application
<b>JUNE</b>	<b><i>COUNCIL DECIDES WHETHER TO PROVIDE FUNDING FOR THIS PROGRAM WITH THE ADOPTION OF THE FY20 BUDGET</i></b> <b><i>Following steps would be dependent on an allocation</i></b>
Mid July, 2019	Applications Deadline 2:00 pm
July-August 2019	Application Review
September 2019	Funding Considered by Council
Fall/Winter 2019	Contracts executed & programs begin, if awarded

## SUBMISSION INFORMATION

The Application Submittal Deadline for the Fiscal Year 2019 is: **TBD, 2019 2:00 PM.**

Applications are to be submitted electronically to: [housingandcommunity@townofchapelhill.org](mailto:housingandcommunity@townofchapelhill.org)

Additional submission information:

- Applications should be single-spaced, with 12-point font and 2 inch margins.
- Please submit all documents including attachments in PDF form (no Word documents).
- Late, handwritten, or incomplete applications will not be accepted.
- The Town requires regular reporting and monitoring of funded projects for progress and performance, financial and administrative management, and compliance with the terms of the Performance Agreement.

# TOWN OF CHAPEL HILL CAPITAL FUNDING PROGRAM REQUEST

1. Agency Name \_\_\_\_\_

2. Capital Request Amount \_\_\_\_\_

- Grant
- (Loan - TBD)

3. Has your organization submitted a request for Outside Agency Funding through the Town's Human Services Program within the past year?

- Yes
- No

If yes, then your agency is only required to submit this page of the application. If no, please submit the attached Outside Agency Funding Application.

4. Type of Request

- Facility new construction
- Facility renovation
- Infrastructure new construction
- Infrastructure renovation
- Equipment purchase
- Other (please specify) \_\_\_\_\_

5. Brief Description of proposed use of funding (in two or three sentences):

6. Attachments

- Project Budget
- Description (and amount) of funds requested/received from other agencies
- Acknowledgement that Town funds will be used to reimburse project expenses

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: \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

# Outside Agency Application Check List

Section	Subsection
<b>Cover Page</b>	<input type="checkbox"/> Applicant Contact Information <input type="checkbox"/> Funding Requests <input type="checkbox"/> Signed Application Cover Page <input type="checkbox"/> Signed Disclosure of Conflicts of Interest and Clause
<b>Agency Information</b>	<input type="checkbox"/> Agency's Date of Incorporation <input type="checkbox"/> Agency's Purpose/Mission <input type="checkbox"/> Living Wage <input type="checkbox"/> Schedule of Positions
<b>Program Information</b>	<input type="checkbox"/> Program Name <input type="checkbox"/> Program Description <input type="checkbox"/> Strategic Objective <input type="checkbox"/> Target Population <input type="checkbox"/> Performance Indicators
<b>Attachments</b>	<input type="checkbox"/> <b>Financial Audit: Organizations receiving \$300,000 or more in Federal financial assistance, and/or organizations with more than \$500,000 of receipts and expenditures in a fiscal year, must secure an audit.</b>  <input type="checkbox"/> Agency Budget  <input type="checkbox"/> Program Budget  <input type="checkbox"/> IRS Federal Form 990  <input type="checkbox"/> NC Solicitation License  <input type="checkbox"/> IRS Federal Tax-Exemption Letter  <input type="checkbox"/> List of Board of Directors

**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 2020 Human Services (HS) funding requested for all programs and the proposed use of funds (please list program name only)**

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

**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:** \_\_\_\_\_  
Executive Director

\_\_\_\_\_ Date

**Signature:** \_\_\_\_\_  
Board Chairperson

\_\_\_\_\_ Date

**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:** \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**Signature:** \_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

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

## PROGRAM INFORMATION

*\*Please submit for each program if applying for funding for more than one program.*

5. **Program Name:** \_\_\_\_\_  
Program Primary Contact and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_
6. Please briefly describe the proposed program, including an explanation of how it aligns with the Town of [Chapel Hill and Carrboro's Results Framework](#), and [Orange County BOCC Goals and Priorities](#), and the target population to benefit from the program. (*100 words or less*)

**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 2017-18	Actual 2017-18	Estimated 2018-19	Projected 2019-20
<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				
	Other: specify _____				
	<b>Total</b>	0	0	0	0
	Of the above, how many Hispanic/Latinx				
	Of the above, how many non-Hispanic/Latinx				
	<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

### 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 2017-18	Estimated 2018-19	Projected 2019-20
<b>Total Cost of Program</b>			
<b>Total # of Individuals</b>			
<b>Cost Per Individual</b>			

### 9. Performance Indicators

#### NEW THIS YEAR!

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. .

**Program Name:**

<b>Strategic Objective</b> <i>(please insert the objectives of your proposed project)</i>	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Intermediate Result</b>	<i>Insert Intermediate Result here.</i>			
<b>RESULTS</b>		<b>Actual 2017-18</b>	<b>Estimated 2018-18</b>	<b>Projected 2019-20</b>
<b>Performance Indicators</b> <i>(Please insert additional rows as needed, listing one per row).</i>	<i>Insert Performance Indicator here.</i>			



## ATTACHMENTS

### Description of Required Attachments

**a) Financial Audit**

A recent financial audit that should cover **CY 2017**, for calendar year agencies, and **FY 2017-18**, 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.

**b) Agency Budget**

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 **other** in your budget). Agency Budget Template [here](#). *Please submit in PDF form only.*

**c) Program Budget**

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 **other** in your budget). Program Budget Template [here](#). Please submit in pdf only.

**d) IRS Federal Form 990**

A copy of the agency's 2017 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.

**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 2017-18** 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.

**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.

**Proof of Insurance:** 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. 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.

**Table 1. Forms of Liability Insurance and Minimum Policy Amounts Required**

INSURANCE	TOWN OF CHAPEL HILL
<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: \$100,000 Each Occurrence \$100,000 BID for each employee \$500,000 BID limit
<b>Commercial General Liability</b>	\$1 million Each Occurrence \$2 million Aggregate
<b>Automobile Liability</b>	\$1 million Each Occurrence  <i>*Only required for agencies doing travel as part of the agreement with the Town.</i>
<b>Professional Liability</b>	\$1 million Each Occurrence \$2 million Aggregate
<b>Sexual Abuse &amp; Molestation</b>	\$1 million Each Occurrence \$2 million Aggregate  <i>*Only required for agencies doing direct work with minors (under the age of 18).</i>
<b>Cyber Liability</b>	\$1 million Each Occurrence \$2 million Aggregate  <i>*Only required for agencies transmitting personal identifiable information that is disseminated electronically.</i>

- Visit the [NC Industrial Commission’s website](#) for more information regarding Coverage A. Also, note that if an agency uses subcontractors, it must require subcontractors to have workmen’s compensation insurance.
- Bodily Injury by Disease (BID).

Attachments

- For additional information regarding the Town of Chapel Hill's Minimum Insurance Requirements, please contact the Office of Risk Management or Business Management. [Town of Chapel Hill At-your-Service](https://www.townofchapelhill.org/town-hall/departments-services/at-your-service).<sup>1</sup>

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<sup>1</sup> <https://www.townofchapelhill.org/town-hall/departments-services/at-your-service>  
Attachments