

*The Episcopal Church of the Incarnation*  
520 Main Street, PO Box 729, Highlands, NC 28741

**APPLICATION FOR FUNDING: 2018**

**INSTRUCTIONS:** All nonprofit organizations applying for funds from Church of the Incarnation need to complete each section of this two-paged application, answering the questions in the space provided. Also, provide information in the following five (5) attachments. Please print clearly or use a size 11 or 12 font.

**ATTACHMENTS:**

1. **Organization's budget for the current fiscal year.**
2. **Statement of income and expenses for the prior fiscal year, including the latest available year-end balance sheet.**
3. **Composition of Board of Directors.** (Please complete attached form.)
4. **If there are any volunteers from Church of the Incarnation** currently serving in your organization, will you please tell us who they are and what volunteer service they are providing.
5. **If you received funds from Incarnation in 2017**, please tell us how you used those funds.

**I. TELL US ABOUT YOUR ORGANIZATION:**

Legal Name of Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

CEO or Executive Director: \_\_\_\_\_

Application Contact & Title (if not the CEO): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year of Most Recently Completed Audit: \_\_\_\_\_ **OR**  Year of Most Recently Completed Financial Review: \_\_\_\_\_  
(If annual gross income is greater than \$250,000) (If annual gross income is less than \$250,000)

**Please attach copy of your most recent audit or review report if one has been prepared.**

Year of Most Recent 990: \_\_\_\_\_

Year incorporated or received 501 (c) (3) status: \_\_\_\_\_

Tax Exemption Status:  
 501 (c) (3) Employer ID Number \_\_\_\_\_ OR  Other \_\_\_\_\_ (describe)

What is the mission of your organization?  
\_\_\_\_\_

What services does your organization provide?  
\_\_\_\_\_

Who does your organization serve?

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What are your organization's goals and objectives for 2018?

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Does your organization maintain an operating reserve?  Yes  no  
If "yes", for how many months could this reserve sustain the organization? \_\_\_\_\_ months.

How many Board members have made a personal financial contribution to the organization in the past?  
12 months? \_\_\_\_\_ number \_\_\_\_\_ percentage (%) of total board members?

How many times per year does the Board meet? \_\_\_\_\_ What percentage (%) of Board meetings have occurred with a quorum of members in the past 12 months? \_\_\_\_\_ %

Are there Board term limits?  yes  no  
If "yes", what are they? \_\_\_\_\_

**II. TYPE OF GRANT REQUEST: (please check)**

- General Operating Support**
- Program or Project Funding** (Project Name) \_\_\_\_\_
- Organizational Development** (capacity building and planning)
- Capital Project** (\$500 or more)
- Other** (describe): \_\_\_\_\_

**Amount requested:** \$ \_\_\_\_\_

**A.** If the requested funds are for **General Operating Support**, please tell us how many people you expect to serve in 2018 with these funds, and how many of those individuals live in Macon and Jackson Counties. Also please tell us what services you will be providing with the funds.

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**B.** If the requested funds are for a **Program or Project, Organizational Development, or a Capital Project**, please tell us how you wish to spend the funds. Give us a brief summary of your project or project and the need for this program/project. What results (outcomes) are you committed to achieving in 2018, and for how many persons? What strategy will you use to achieve the results, and how will you know when success has been achieved? **If you are collaborating with another local organization**, please tell us how the two organizations will be collaborating and attach a letter of agreement signed by persons with fiscal responsibility for each collaborating organization.

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**III. I certify that the information included in this application is correct.**

Name of authorizing official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By \_\_\_\_\_ (signature)

PLEASE SEND ONE E-MAIL COPY OF YOUR COMPLETED APPLICATION TO PARISH ADMINISTRATOR [incarnation@incarnationwnc.org](mailto:incarnation@incarnationwnc.org) OR, IF YOU PREFER, MAIL ONE COPY TO - ATTENTION: BILL LEE, CHURCH OF THE INCARNATION, PO BOX 729, HIGHLANDS, NC 28741, by Friday, February 23, 2018.

THANK YOU!

CHURCH OF THE INCARNATION, APPLICATION FOR FUNDING: 2018

ATTACHMENT #3: Composition of Board of Directors (*with example*)

Name of organization (specify): \_\_\_\_\_

Name of Board Member	Office and/or Committee	Term of Service	Professional and/or Community Affiliation
<i>Jane Smith</i>	<i>Vice chair, Nominating Committee</i>	<i>2008-2011 (2<sup>nd</sup> term)</i>	<i>Retired lawyer, Mountaintop Rotary</i>