

## Program Overview

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Please provide the following information.



### Forsyth County Community Grants Program Application

Forsyth County  
201 North Chestnut Street  
Winston-Salem, NC 27101  
336-703-2077

Community Grants funding provides assistance to community organizations for a variety of service areas and initiatives. Funding requests are evaluated and approved on a year-by-year basis by the Board of Commissioners during the budget process. **Applications are due by 11:59 pm on Sunday, November 30, 2025** and funding notifications will be made on or before July 1, 2026.

Forsyth County's Community Grants application will be open from **Monday, October 13, 2025 at 8 am** through **Sunday, November 30, 2025 at 11:59 pm**. Please see below for the anticipated FY27 Community Grants funding timeline.

- October 13 - November 30, 2025 – Open Application Period
- June 2026 – Public Hearing on Proposed Budget
- June 8 - June 22, 2026 – Possible Adoption Dates of FY27 Budget Ordinance
- July 1, 2026 - June 30, 2027 – Term of service for all approved programs

Prior to starting your application, review the Forsyth County Community Grant Policy adopted September 19, 2024: [Community Grant Policy](#).

To view current Community Grants awardees and other program details, visit the [Community Grant webpage](#).

For any questions related to your application, please contact Bailey Arnold, Grants Administrator at [arnoldbk@forsyth.cc](mailto:arnoldbk@forsyth.cc) or 336-703-2077.

#### ACKNOWLEDGEMENT

☐ I have read the linked "Community Grant Policy" and understand the eligibility criteria, application review and approval process, and the monitoring, reporting, and reimbursement requirements.

## A. Organization & Contact Information

### A. Organization & Contact Information

The Request for Proposals and additional materials to assist with completing the application can be found on the County's webpage at [forsyth.cc/communitygrants](https://forsyth.cc/communitygrants). Required fields are marked with an asterisk (\*).

#### GENERAL INFORMATION

A.1 Organization Legal Name \*

A.2 Project Title \*

A.3 Funding Request Amount \*

\$

A.4. Total Organizational Operating Budget \*

\$

A.5 Mailing / Billing Address \*

A.6 Project / Program Location Address \*

A.7 Organization Website \*

A.8 How long has your organization been in operation? \*

A.9 Year 501(c)(3) status obtained, if applicable \*

A.10 Organization Fiscal Year (MM/YYYY - MM/YYYY) \*

A.11 Federal Tax ID Number \*

A.12 Federal DUNS Number \*

A.13 Facility type and license number(s), if applicable

#### EXECUTIVE DIRECTOR/MANAGER

A.14 Name, Title \*

A.15 Email \*

A.16 Phone \*

#### PROJECT CONTACT

A.17 Name, Title \*

A.18 Email \*

A.19 Phone \*

#### BOARD CHAIR

A.20 Name \*

A.21 Term Expiration \*

A.22 Email \*

A.23 Phone \*

#### SECONDARY PROJECT CONTACT

A.24 Name, Title \*

A.25 Email \*

A.26 Phone \*

#### FISCAL CONTACT

A.27 Name, Title \*

A.28. Email \*

A.29. Phone \*

## B. General Requirements

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### B. General Requirements

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Basic eligibility for Community Grants includes the items below. All questions are required.

By completing this application, you confirm that...

**B.1 ...this organization is classified by the IRS as a 501(c)(3).**

- ☐ Yes
- ☐ No

**B.2 ...all due form 990 filings have been submitted to the IRS.**

- ☐ Yes
- ☐ No

**B.3 ...this organization does not owe money to the IRS.**

- ☐ Yes
- ☐ No

**B.4 ...this organization is registered with the NC Secretary of State to conduct business in the State of North Carolina as of the date of this application.**

- ☐ Yes
- ☐ No

**B.5 ...there are no audit or monitoring concerns cited by auditors or federal, state, or local government entities in the past year.**

- ☐ Yes
- ☐ No

**B.5a If monitoring concerns were found, provide detail about these and any steps taken to resolve issues. Indicate "n/a" if there have been no concerns.**

**B.6 ...the proposed program can operate on a reimbursement basis (or will proactively apply for a financial hardship advancement request per the Community Grants Policy) and will comply with documentation requirements.**

- ☐ Yes
- ☐ No

**B.7 ...the proposed program has an office located within Forsyth County.**

- ☐ Yes
- ☐ No

**B.7 ... the proposed program will conduct services in Forsyth County and funds will be used to support costs for Forsyth County residents.**

- ☐ Yes
- ☐ No

## C. Project Overview

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### C. Project Overview

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Please provide the following information. All questions are required.

#### APPROACH

**C.1 Which of these Board Priorities does your request mostly address? Select one.**

- ☐ Safety - Create a community that is safe.
- ☐ Health - Create a community that is healthy.
- ☐ Education - Create a community with educational opportunities for everyone.
- ☐ Cultural - Create a community that enhances the knowledge, beliefs and customs of everyone.
- ☐ Economic Opportunities - Create a community with economic opportunities for everyone.

**C.2. Provide a concise description of the proposed project/program, indicating specifically how County funds will be used, and the timeline for implementation if funding is approved.**

**C.3. Briefly, what are the goals/objectives of the project/program?**

**C.4. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?**

#### NEED

**C.5. Describe the unmet need that the proposed project/program seeks to address. Include data supporting the need.**

#### COLLABORATION

**C.6. Describe any specific collaborative relationships with other organizations (public or private) and how they will impact the project/program. How will collaboration contribute to the planning, implementation, operation, oversight, and performance measurement of the proposed project/program?**

**C.7. Provide letters of support from partnering organizations, especially those that are integral to the implementation of this project.**

- ☐ Letters of Support from Partnering Organizations

## D. Strategy and Performance

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### D. Strategy and Performance

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Please provide the following information. All questions are required.

Use the questions below to show how your agency measures program outcomes. List goals, activities, and performance measures you will use to evaluate services, facilities, and programs that will be funded by the county.

Performance measures should be quantitative and supported by narrative if needed. You can refer to the S.M.A.R.T. criteria framework for guidance in goal development.

#### D.1. List and describe your stated program goals for funding period July 2026-June 2027.

Activity	Impact Goal	Measurement Method
Specific program activity (e.g. classes, events, client services, etc.)	Measurable outcome of activity (e.g. 10 classes/month to 60 students)	Measurement tool (e.g. attendance sheets, meeting minutes, timesheets, etc.)

D.2. Has this project been previously implemented? If so, is this request a continuation or expansion of service? Please explain.

D.3. Explain the steps that will be taken if the stated program goals provided in C.3. are not achieved.

## E. Organizational Capacity

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### E. Organizational Capacity

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Please provide the following information. A questions are required.

#### MISSION

**E.1. Your organization's mission statement**

**E.2 Provide an overview of the organization. Include the major services, programs, and activities provided.**

**E.3 How does the proposed project/program fit within the scope of current activities and help advance the mission of your organization?**

#### FUNCTION

**E.4. Describe your agency's experience providing the proposed program or service.**

**E.5 How are participants declared eligible to participate in this program?**

**E.6 Does the proposed program require fees from participants? Describe the fee structure and cost determination if applicable.**

#### STRUCTURE

**E.7. Attach an organizational chart**

☐ Organizational Chart \*Required

**E.8. Attach a list of all Board Members including name, title/role and affiliation/company**

☐ List of Board Members \*Required

**E.9. Number of full Board meetings held during the last twelve months**

## F. Budget

### F. Budget

Please provide the following information. All questions are required.

#### BUDGET AND FUNDING

##### F.1. List organizational revenues by source for each listed fiscal period.

Source	Description	Estimated July 1, 2025- June 30, 2026	Proposed July 1, 2026- June 30, 2027
City of Winston-Salem		\$	\$
Forsyth County		\$	\$
State of North Carolina		\$	\$
Federal Government		\$	\$
Medicare		\$	\$
Medicaid		\$	\$
Commercial Insurer		\$	\$
Cash Payment		\$	\$
Donations		\$	\$
Foundation Grants		\$	\$
Other		\$	\$
<b>Total Organizational Revenues</b>		\$	\$

##### F.2 List the past 5 years of Forsyth County funding received by the organization.

Year	Description	Amount
		\$

##### F.3. Complete the table below to summarize the Project's operating budget.

Expenditure Category	Budget Description	Total Project Budget (July 1, 2026-June 30, 2027	County portion of project budget
Personnel (Salary & Wages)		\$	\$
Fringe Benefits		\$	\$
Travel		\$	\$
Equipment & Other Capital		\$	\$
Material & Supplies		\$	\$
Contractual Services		\$	\$
Consultant (Professional Services)		\$	\$
Training & Education		\$	\$
<b>Total Project Expenditures</b>		\$	\$

F.4. If any positions are associated with this project, note the type (full-time or part-time), number, and salary range.

F.5. If this year's request is different in any way (amount, activities, etc.) from a prior year's request, explain how and why.

**F.6. Describe major changes in projected program revenues for the current year versus proposed program revenues for next year.**

**F.7. If full amount requested is not available for your project, could you still implement the program? How?**

#### **SUSTAINABILITY**

**E.8. Describe the plan to sustain the project/program funding in future years. Include information about other funding sources to leverage County funds requested.**

**E.9 Describe any potential programmatic barriers to project implementation (e.g. recruitment or outreach challenges, etc.) and your plans for overcoming them.**

#### **COST EFFECTIVENESS**

**F.10. Fill in the table below to calculate cost per individual served.**

Proposed funds from the County for the project	\$
Number of individuals proposed to be served during funding period	
Average County funds per individual served	\$
Proposed funds from all sources	\$
Number of individuals proposed to be served during funding period	
Average total funds per individual	\$

**F.11. Download the [Budget Detail Workbook](#) to provide specific cost items. When complete, upload to this section.**

☐ **Budget Detail Workbook**



## G. Documentation

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Please provide the following information.

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#### Documentation

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- ☐ Code of Conduct/Conflict of Interest Policy
- ☐ Submit a copy of the agency's latest 990 Form as submitted to the Internal Revenue Service.
- ☐ IRS 501(c)3 Designation Letter
- ☐ Audited Financial statements or third-party review from the past two years
- ☐ North Carolina Secretary of State - Current and Active Status (<https://www.sosnc.gov/search/index/corp>)
- ☐ Other

## Submit

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### Submit

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Once an application is submitted, it can only be re-opened by an Administrator. Applications not submitted by the deadline will not be considered.

- ☐ The agency certifies that all information submitted in this proposal is accurate and true.
- ☐ The agency's governing Board approves the submission of this proposal.
- ☐ I acknowledge that the approval of requests is subject to the availability of appropriately budgeted and Board of County Commissioner approved funds, receipt of all required documentation including Certificate of Insurance, and a pre-audited and fully executed contract. Approval of an application does not indicate that all required activities included will be funded as required. The County reserves the right to select certain activities included in the application for funding.
- ☐ If awarded, these funds are intended to support residents of Forsyth County North Carolina.

Signature of Agency's Executive Director

Name of Agency's Executive Director