



## City of Hendersonville

### Request for Special Appropriations FY17-18

Contact: Brian Pahle, 828-233-3218, bpahle@hvlnc.gov, City Hall Rm. 223

[Submit forms by February 24]

Organization's Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Website address: \_\_\_\_\_

#### A. GENERAL INFORMATION

1. Program Name: \_\_\_\_\_

2. Contact Person/Title: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

3. Total number of individuals served in the last complete fiscal year by this program: \_\_\_\_\_

4. Total number of the above individuals who are City residents: \_\_\_\_\_

Please attach any documentation that supports this number.

Percent of people served who are City residents: \_\_\_\_\_

5. Amount of Request: \_\_\_\_\_ 6. Total Program Budget: \_\_\_\_\_

Percent of total program budget you are requesting from Hendersonville: \_\_\_\_\_

7. Please state the mission of your agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Will the funding be used to:

\_\_\_\_ Maintain an existing program      \_\_\_\_ Expand an Existing Program      \_\_\_\_ Start a new program

9. Has your organization received funds from the City in the past for this or a similar program? \_\_\_\_\_

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? \_\_\_\_\_

If yes, explain the reason(s) for the increase. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Were any conditions or restrictions placed on the funds by the City Council? \_\_\_\_\_

If yes, describe how those conditions or restrictions have been met. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Program Overview.**

**1. Statement of Need:** Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the City of Hendersonville?

**2. Program Summary:**

**a. Identify the target/recipients of program services.** Specify the number of City residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

**b. Identify what is to be accomplished or what change will occur.** (e.g., begin your sentences with “The purpose of the program is to provide ...” and describe the services to be provided.)

**3. Program Funding:**

**a. Identify how City funds, specifically, will be used** (i.e., funds will provide “X” amount of units of service.)

**b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested.** How would this program be modified should revenues be lost?

**C. Organizational Capacity.**

1. Describe your agency’s capability to provide the program including its history, previous experience providing this service, management structure and staff expertise.

2. Does your organization have a strategic plan and a strategic planning process in place? \_\_\_\_\_

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals. The Strategic Plan must be provided to the City upon request.

3. What is the authorized size of your board of directors? \_\_\_\_\_

How many meetings were held by the board last year? \_\_\_\_\_

4. Does your organization have an audit performed? \_\_\_\_\_

The audit must be provided to the City upon request.

We, the undersigned, confirm the information contained herein is accurate and can be verified as such. We understand and agree if the request funds are approved the disbursement of funds are subject to all conditions established by the City Council.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title