



SULLIVAN COUNTY DISCRETIONARY FUNDING APPLICATION

The County Legislature wishes to assist Sullivan County and County-oriented entities with achieving goals such as a public safety, public health, youth services, community development, economic development, environmental hazard mitigations and county beautification. Funds are limited and an applicant must demonstrate justification for any monies provided to achieve one of the above goals:

- **A new application form.** The new application form is intended to keep the process simple for applicants. The form is also available as a fillable PDF to enable online submissions.

OBJECTIVES

The purpose of the Legislative contract application process is to identify local entities, including community and not-for-profit organizations throughout Sullivan County, that have a specific need or county-wide-significance by tying applications to identified County & municipal goals.

ELIGIBILITY & SELECTION CRITERIA

Minimum Eligibility

In order to be eligible for County Legislative monies, applicants must meet the following minimum criteria:

- The applicant must be a not-for-profit agency or civic organization operating within Sullivan County that is not part of County Government;
- The proposed activity must be located within Sullivan County;
- The proposed activity must be undertaken with a schedule and demonstrated outcome or the organizational expenses must be required to achieve a goal identified as a County objective.
- The applicant must demonstrate to the satisfaction of the County Manager that County funding constitutes an appropriate percentage of its ongoing and annual cost of business, or that funding is for a specific approved program.
- The organization cannot have made or make future political endorsements.

DOCUMENTATION: Discretionary Funding is a reimbursement program. In order for the Funding recipient to be eligible for the receipt of payment provided above, the Funding recipient must submit a voucher to the Sullivan County Manager's office, together with proof of expenditures such as invoices, itemized receipts, copies of canceled checks, records of in-kind services provided, Expense Certification Form, if applicable, and/or other fiscal information as may be required by the office of Audit and Control and pursuant to the Discretionary Funding guidelines.

DOCUMENTATION OF PROJECT EXPENSES

In order to obtain the awarded funding under the reimbursement programs, funding recipients must provide detailed documentation of project activities and expenses. Please note the following documentation requirements; reimbursement payments cannot be processed without adequate documentation.

PROOF OF PURCHASE

Funding recipients will be required to submit proofs that the goods and services funded by the program have been provided. In order for proof to be accepted, the following information must be provided for each expense on either an invoice or a receipt:

- transaction date;
- an itemization of the materials and/or services provided;
- total cost;
- amount paid and the method of payment (such as cash, check, or credit card); and
- an indication that the balance has been paid in full.

Please make invoices and/or receipts on business stationery or forms and feature the name of the legal business entity along with other contact details including current address, phone, and email address. The funding recipient should sign and date the completed invoice or receipt, indicating that all items were received.

Additionally, a signature of the vendor is required if the receipt has been hand written, if the payment has been made in cash, or if it is an invoice showing a balance due that has been marked as paid in full.

PROOF OF PAYMENT

Because this is a reimbursement program, funding recipients must also provide proof of payment as well as proof of purchase. The required documentation will vary based on whether payment has been made by cash, check, or credit card, as further described below.

- **Cash Payments.** If a purchase has been made in cash, funding recipients should have the vendor indicate on the invoice or receipt the amount of cash paid, and provide a signature.
- **Payments by Check.** If the purchase has been made by check, then the funding recipient should submit a front and back photocopy of the canceled check.
- **Credit Card Payments.** If the purchase has been made by credit card, then reimbursement documentation should include a copy of the billing statement with the relevant purchase circled. Additional purchases that may appear on the billing statement but which are not part of this transaction may be redacted.

**Please complete this assessment to the best of your ability and return with supporting documents to:
Sullivan County Manager's Office, 100 North Street, Monticello, NY 12701.**

Assessment:

Name and Title of Person Preparing this Assessment: _____

Preparer Phone Number: _____

Preparer Email Address: _____

Organizational Information

Legal Name of Organization/Agency: _____

CEO or Director: _____

Physical Address: _____

Mailing Address (if different from Physical Address): _____

Website Address: _____

Phone Number: _____ Email Address: _____

Year Established (Incorporation Date): _____

Legislative District _____

EIN Number (or Tax ID): _____

Do you have Articles of Incorporation on File? Yes No Do you have By-Laws on File? Yes No

Please attach copies of the following:

Mission/Values Statement

Description of Service Area/Target Population and Current Services/Program Provided Description or

Diagram of Organizational Structure/Chart

List of Board of Directors (affiliations and contact info)

Copy of Strategic Plan/Business Plan, if applicable

Executive Director/CEO Bio

W-9 Form

Certificate of Insurance (If approved, a new Certificate of insurance naming the County of Sullivan insured together with a copy of the policy declaration page will be required)

Tax Documentation

Is your organization tax exempt? Yes No

- If yes, please include a copy of your tax exemption letter.

Do you have an IRS Form 990 on file? Yes No

Financial Information

Are the following financial documents prepared and available upon request?

Annual Operating Budget Yes No

Year-End Financial Statements Yes No

Audit, if applicable Yes No

Sources of Funding Yes No

Annual Report Yes No

Proposal Information

Please attach a thorough description of your Proposal. Please include the following information:

- ✓ Program/Project Description
- ✓ Target Population
- ✓ Year Established
- ✓ Measurable Outcomes (number served, current outcomes)

Amount Requested: \$ _____

Please attach a preliminary **Project Budget for your Proposal**, including copies of any **cost estimates** received.

A Project Budget is included with this application.

Copies of all cost estimates are included with this application.

Capacity:

Do you currently partner with any other organizations/agencies for this project? Yes No

If yes, please list them here:

Has your agency ever applied for grants before? Yes No

What was the outcome?

We applied, but were denied funding.

We received funding and successfully administrated the grant funding.

We received grant funding, but were not able to successfully administer the funding and the funding agency withdrew funding.

Is the governing board of your organization/agency aware of an interest in pursuing grant funding? Yes No

(NOTE: If grant application is being presented on behalf of a municipality or government agency, an authorizing resolution may be required.)

Signature of Preparer: _____

Signature of CEO/Director: _____

Please complete this assessment and submit with all supporting documents to:

**County Manager's Office
PO Box 5012, 100 North Street
Monticello, NY 12701
Michael.DAuria@sullivanny.gov**