



## **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:

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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  
 Michelle.Huck@sullivanny.gov**