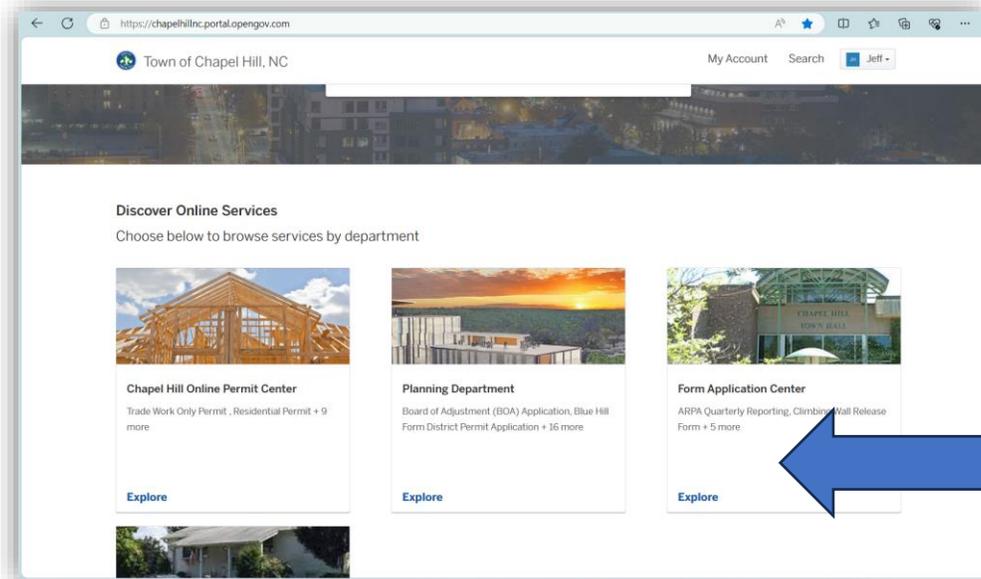
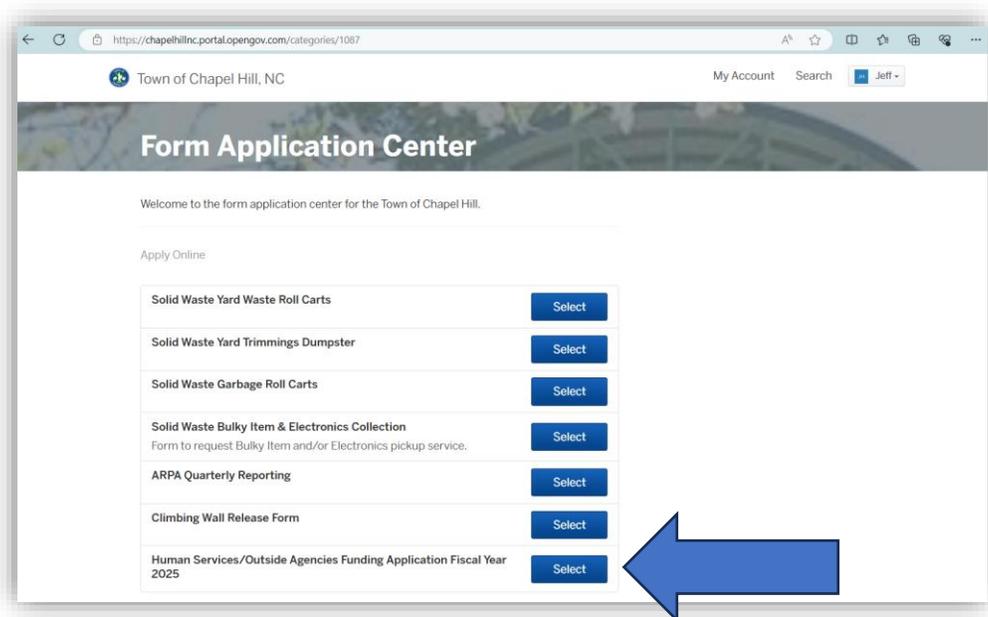


# Affordable Housing Application Training

Browse to the Chapel Hill hosted OpenGov Website <https://chapelhillnc.portal.opengov.com>



Click Form Application Center (anywhere in the box)



Click **Select** for the last option: Human Services/Outside Agencies Funding Application Fiscal Year 2025

Scroll Down to Review the documents required for the application.

Download or view any linked documents or templates that you will need to complete and upload later.

Click **Apply Online**

Form Application Center  
/ Human Services/Outside Agencies Funding Application Fiscal Year 2025

**Human Services/Outside Agencies Funding Application Fiscal Year 2025**

Thank you for your interest in the Human Services/Outside Agency Common Funding Application for Carrboro, Chapel Hill, and Orange County.

The Human Services/Outside Agencies Award program is for funding requests to support vital community services throughout Orange County. This is a very competitive process and typically awards are made to organizations that have been in operation for at least one year.

Eligible proposals:

- Are from established 501c3 organizations, with current documentation of their nonprofit status.
- Are in good standing with the Towns and County and do not have unresolved performance or compliance issues.
- Align with at least one of the three strategic objectives of the Towns Human Services Result Framework (for Towns of Chapel Hill and Carrboro only).
- Align with at least one of the Board of County Commissioners Goals and Priorities (for Orange County only).
- Request \$2,000 or more (for Town of Chapel Hill only).
- Are submitted on time and are complete.

Enter Contact Information

Have a project #? Save Draft and Exit

**Human Services/Outside Agencies Funding Application Fiscal Year 2025**

**Confirm your contact information**  
Ensure your contact information is up-to-date so that we can get in touch with you if needed.

First Name:

Last Name:

Email address:

Phone Number:

Address 1:

Address 2 (Optional):

City:

State:

ZIP/Postal Code:

**Next >**

Click **Next**

Scroll Down To complete each relevant field in Step 2

Enter your information for **Agency Information, Wages and Positions, Awards Programs, Agency Demographics, Staff Members, Board Members, Race & Equity.**

Click **Next**

Step 3 of 8

Click the **Add Program Funding Request** button

Enter the Program Name

Enter the requested Funding Amounts from the Town of Carrboro, Town of Chapel Hill, and Orange County. *The Total will calculate automatically. (Totals will show on the next screen)*

Click **Save**.

**Program Funding Request**

Please list all of the current Fiscal Year Human Services (HS) funding requested for all programs and the proposed use of funds.

<b>Program Name</b>	<b>Town of Carrboro</b>
<input type="text" value="TS Department"/>	<input type="text" value="1000"/>
<b>Town of Chapel Hill</b>	<b>Orange County</b>
<input type="text" value="1000"/>	<input type="text" value="1000"/>
<b>Total</b> 	
<input type="text"/>	
<b>Short description of proposed use of funds.</b>	
<input type="text"/>	

[Cancel](#) [Save](#)

The Total will calculate automatically.

Click the 3 dots to see all the program totals.

Step 3 of 8 Save Draft and Exit

**Program Funding Request**

Program Name	Town of Carrboro	Town of Chapel Hill	...
TS Test	1,000	2,000	...

[Add Program Funding Request](#)

---

[Back](#) [Next](#)

### Funding Totals

Carrboro	<input type="text" value="1,000"/>	Chapel Hill	<input type="text" value="1,000"/>
Orange County	<input type="text" value="1,000"/>	Total	<input type="text" value="3,000"/>

[< Back](#)

[Next >](#)

### Program Information

Please submit for each program if applying for funding for more than one program.

[Add Program Information](#)

[< Back](#)

[Next >](#)

## Program Information

**Program Name**

**Primary Contact's Name**

**Primary Contact's Phone Number**

**Primary Contact's Email Address**

**Describe the proposed program and the target population to benefit from the program. Please also explain how the program aligns with the Town of Chapel Hill and Carrboro's Human Services Program Results Framework and/or Orange County's BOCC Goals and Priorities (250 words or less). **

### **Target Population**

The program target population demographics table is included as an attachment on the application cover page. Please download the excel spreadsheet and fill out the demographic data in the table and then upload it with your application. Provide one copy per program that you are requesting funding for.

### **Program Cost**

This cost per individual must reflect the total program budget divided by the total number of program individuals in this application.

**Performance Indicators**

Strategic Objective \*

Select your option ▼

Intermediate Result \*

Select your option ▼

If applying to Orange County, please select the funding area that best aligns with your program.

Select your option ▼

Based on the strategic objective, intermediate result, and/or funding area selected above, what are the performance indicators related to this program? ⓘ

Actual Outcomes 2022-2023

Projected Outcomes 2023-2024

Projected Outcomes 2024-2025

Cancel

Save

Strategic Objective \*

Select your option ▼

Select your option

- 1. Children improve their education outcomes
- 2. Residents increase their livelihood security
- 3. Residents improve their health outcomes

Intermediate Result \*

Select your option ▼

Select your option

- 1.1 Children birth-to-k access early childhood development opportunities
- 1.2 Children demonstrate new grade-level-appropriate skills
- 2.1 Residents access the most appropriate social safety new services
- 2.2 Residents increase job skills appropriate for the local economy
- 3.1 Residents access basic health care services (primary, behavioral, dental)
- 3.2 Residents demonstrate new healthy lifestyles behaviors

If applying to Orange County, please select the funding area that best aligns with your program.

Select your option ▼

Select your option

- Behavior Health
- Food & Nutritional Services
- Housing
- Human Rights & Community Services
- Juvenile & Adult Justice Services
- Public Health & Health Education
- Recreational
- Senior Services
- Youth Services

If you are requesting \$30,000 or more from the Town of Chapel Hill, you will be applying for the Community Impact Award and you need to complete this section.

Step 6 of 8 ·

[Save Draft and Exit](#)

## Community Impact Award

If you are applying for the Town of Chapel Hill's Community Impact Award, please provide responses to the questions below. All other applicants, please skip these questions. (Responses should not exceed 100 words per question)

**Please describe the impact the proposed programs will have on the target population. Please include specific quantitative and qualitative data in your response.**

**What methods/tools will your organization use to evaluate the proposed program's effectiveness? Please include specific examples, such as a logic model.**

**Please briefly describe how your proposed programs aligns with evidence-based approaches to addressing human service need(s).**

**Please describe one to three key partnerships/collaborations that add the most value to the success of the proposed programs.**

**If you are not awarded a Community Impact Award, what would your agency's funding request be?**

[< Back](#)

[Next >](#)

## Applicant Statement

### Disclosure of Conflicts of Interest

Are any board members or agency employees, including their immediate relatives and business associates, current beneficiaries of the proposed program for which funds are being requested?

Are any board members or agency employees, including their immediate relatives and business associates, members of or related to members of the governing bodies of Chapel Hill, Carrboro, or Orange County?

Are any board members or agency employees, including their immediate relatives and business associates, paid providers of goods or services to or have other financial interest in the proposed program?

Are any board members or employees, including their immediate relatives and business associates, related to employees of that Town of Chapel Hill, Town of Carrboro, or Orange County?

If the answer to any of the above is yes, please provide an explanation.

**Non-discrimination Clause**

Provider agrees as part of consideration of the granting of funds by funding agencies to the parties hereto for themselves, their agents, officials, employees and servants agree not to discriminate in any manner of these basis of race, color, gender, national origin, age, handicap, religion, sexual orientation, gender identity/expression, familial status or veterans status with reference to any activities carried out by the grantee, no matter how remote. The parties hereto further agree in all respects to conform to the provision and intent of Orange County Civil Rights Ordinance, as amended, and the Orange County Anti-discrimination Policy. This provision is enforced by action for specific performance, injunctive relief, or other remedy as by law provided; this provision shall be binding on the grantees, the successors and assigns of the parties hereto with reference to the above subject manner.

**Applicant Statement**

To the best of my knowledge and belief all of the above information is true and current. I acknowledge and understand that the existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

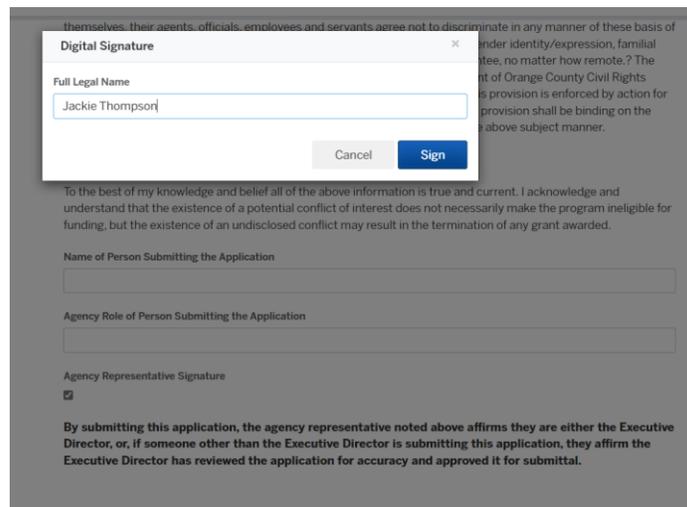
Name of Person Submitting the Application

Agency Role of Person Submitting the Application

Agency Representative Signature

**By submitting this application, the agency representative noted above affirms they are either the Executive Director, or, if someone other than the Executive Director is submitting this application, they affirm the Executive Director has reviewed the application for accuracy and approved it for submittal.**

Check the box to Sign as the Agency Representative. You will type the full name of the signer.



## Attachments

Step 8 of 8

Save Draft and Exit

### Attachments

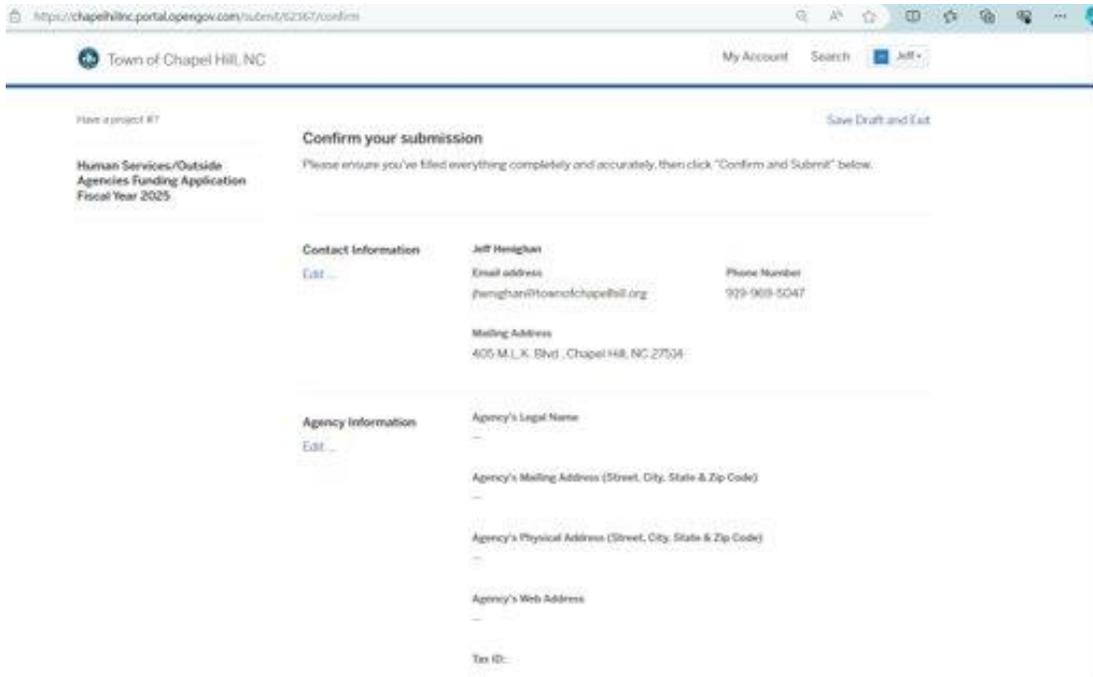
Include any additional files with your submission. Any box marked "Required" is required to submit your application. Please note the maximum allowed file size for any upload is 100 MB.

Attachment	File	
FY2024-2025 Program Demographics <b>Required</b>	No file uploaded	<a href="#">Upload</a>
Agency Budget <b>Required</b> Attach a completed Final Agency Budget Worksheets FY2024-25.xlsx. If you're using a different budget file, it must contain the same information and have a similar format to the agency budget worksheet. Please explain <b>other</b> in your budget. Only PDFs will be accepted.	No file uploaded	<a href="#">Upload</a>
Program Budget <b>Required</b> Attach a completed Final Program Budget Worksheets FY2024-25.xlsx. If you're using a different budget file, it must contain the same information and have a similar format to the program budget worksheet. Please explain <b>other</b> in your budget. Only PDFs will be accepted.	No file uploaded	<a href="#">Upload</a>
List of Board of Directors <b>Required</b> Provide the following information about each member of the board of directors: <ul style="list-style-type: none"><li>• name,</li><li>• telephone number,</li><li>• address,</li><li>• occupation or affiliation,</li><li>• identify if principal officers of the governing body,</li><li>• and length of term.</li></ul>	No file uploaded	<a href="#">Upload</a>

Upload documentation for the required attachments.

All the listed documents are necessary to complete the application, however, the items marked by the required symbol must be uploaded to move to the next step and submit the application.

Confirm your information and scroll to the bottom.



Use Ctrl+P or File Print to print this confirmation page for your records.

Click **Confirm and Submit** to complete your application.

## Generate Printable Application

**Issued.** Your document is ready.

**Issued:** Nov 27, 2023

**Expires:** Nov 26, 2024

### Print your document

Print this document and retain for your records.

[Print Document](#)

### Ask a question about this

[Send Message](#)

Your application may also display a message stating that its status is in Completeness Review. This means your application has been submitted.

You do not need to use the "Print Document" function.