PENDER COUNTY PARKS AND RECREATION
RECREATION PARTNERS PROGRAM
2016-2017 GRANT APPLICATION

PLEASE COMPLETELY ADDRESS ALL ITEMS IN THE SPACE PROVIDED. IF NECESSARY, USE ADDITIONAL SHEET(S).

Organization: Maple Hill Civic Club

Mailing Address: 545 Maple Hill School Rd., Maple Hill , N.C. 28454

Contact Person: Felicia Watkins Title: Recreational Assistant

Email: ahooks@lenoir.k12.nc.us Phone #: 910-934-2777

Organization's Website address (if applicable) _____

1. Provide a brief description of the organization's mission, goals and programs.

The Mission of the Maple Hill Civic Club is to EDUCATE, LEAD, and SERVE. We hope to enhance the quality of life for the children and adults of our community through programs and activities. Our goal is to keep our Children active after school and throughout the summer in order to keep them focused on being good students and good citizens. We hope to serve as a source of strength and offer integrity as a standard for behavior, high expectations to foster success, and creative thinking that encourages innovation as we continue to excel as our community and students grow and prosper. Programs Include: Afterschool, Senior, Softball, Exercise, Walking and Basketball

2. What geographic area(s) do you serve? Maple Hill

3. Amount of County funds being requested for program(s) to be held **July 2016- June 2017**:
$ **$10,000**

4. Describe specifically how these County funds will be used within your organization. ***(Must meet eligibility requirements and match the detailed budget in Question22).***

Hercules II Playground Structure
Water Fountain
Outdoor Grill Structure
Commercial Playground Structure
Funscape W Plastic Slide
Exercise Equipment

5. Does the organization have 501(c)3 status? Yes__x____No_____ *If yes, please attach a copy of your designation letter.*

6. List or attach the organization's current board (officers or principal leaders' names, phone numbers and term lengths; *please place an * by the contact name for Pender County Parks and Recreation purposes and include his/her e-mail address*). **Please note on the last page, there is a place for ALL officers/principal leaders to sign this grant form as to the content.**

Presidents-Leslie Green- 910-259-4446
Vice President- William Newkirk
Secretary-Mary Jordan-910-259-2004
Treasurer-Bryant Shephard-910-259-5087

7. Are the organization's board members elected and/or appointed? _____elected_____
Are elections held annually? Yes __x___ No_____ If any board members are appointed, how are the appointments made; i.e. by entire Board, only the President/Chairperson, etc.

8. How many Board meetings were held January 2015 through December 2015?
_____12_____

9. Does the organization have By-Laws? Yes___x__ No_____
If yes, are the By-Laws reviewed and updated annually? Yes__x___ No_____
When is the last time the By-Laws were reviewed and updated? _____
(Please attach a copy of the most recent By-Laws) **Reviewed 2015 but no changes were made**

10. Does the organization do background checks on its board members, volunteers, paid staff, etc.?
Yes _x____No _____ If yes, what agency/company is used____County_____
What is the cost?____30_____ If no, why not?

11. What recreational programs/activities does the organization provide? What ages, gender, etc. do these programs/activities serve?

Senior Program- All Senior Quilting
Basketball
Exercise Program- Adult and Children Classes
Weight Lifting
Adult Walking Activities
Volley Ball
Playground
Softball –Children and Adults

12. What are the organization's participation policies?

Members of the Community

13. Actual number of participants served **January 2015 – December 2015**____100_____
Were any of these participants out-of-county? Yes _____ No _x____If yes, how many?_____

14. Projected number of participants to be served **July 2016 – June 2017**? ___100 +_____
Do you anticipate any of these participants out-of-county? Yes_____No_____ If yes, how many?_____

If your participant numbers increased or decreased significantly from last year/last season, please explain why this happened. Kids are starting to participate more at the School.

15. Does the organization charge a registration/program fee to participants? Yes__x___No_____
If so, how much is the fee for this year/season? $____10_____
Do you discount for multiple family members within the same household? Yes _x____ No _____
If yes, what is the discount? $____5_____
How much did you charge last year/season? $__10_____
Reason for increase/decrease: N/A

If the organization does not charge a fee to participants, why not?

16. How does the organization handle the situation when a participant is not financially able to pay the fee? They are not charged

17. Does the organization have a written procedure/policy for the receiving and depositing money? Yes _x____No _____ (*Please attach if applicable*). If no, what procedures are used to ensure that monies are handled appropriately?

18. Does the organization have a written procedure/policy for spending money (i.e. over X amount, the board must approve the expenditure)? Yes __x___No _____ (*Please attach if applicable*). If no, what procedures are used to ensure that monies are spent appropriately?

19. Is the organization audited annually? Yes__x___ No_____
If yes, by whom? _____

Please attach a copy of your most recent audit or financial report. (If no, the organization **must** bring its financial records to the meeting with the Recreation Advisory Board and Staff for their review).

20. What is the organization's amount of cash on hand (including **ALL** monies; checking, savings, CDs, etc.) $_____20,000_____(*Please attach a copy of the most current bank statement(s)*). List any and all intended uses of these funds.

Earmarked for Building Repairs

21. Describe any program development issues and/or trends that the organization has faced in the past couple of years and/or anticipates facing in the upcoming years.

Fence is down around the Playground Equipment.

22. The organization needs to *attach a* **detailed** (line-item) proposed budget for the fiscal year **July 2016 – June 2017**. It needs to include **all** anticipated sources of revenue (including County funds, Municipal funds, grants, donations, sponsorships, concessions, membership/participation fees, fundraising, etc.) and **all** anticipated expenditures. *You may use the attached form if needed.*

23. Does the organization have any paid staff other than umpires/referees (i.e. administrative, concession supervisor, scorekeeper, etc.)? Yes_____No_x_____ If yes, please list what position(s) is (are) paid and the salary paid.

24. If there is any information that you feel the Parks and Recreation Advisory Board and staff needs to know that was not addressed in the above items, please discuss below.

We are still apart of Pender County and our Family and Kids need recreational programs.

The information on the Recreation Partners Program Grant Application submitted to Pender County Parks and Recreation on behalf of

(Organization's Name)_____Maple Hill Civic Club_____

is true and accurate to the best of **our** knowledge.

_____Lesley Green_____ Signature of President/Chairperson	March 1, 2016 Date
_____William Newkirk_____ Signature of Vice President/Vice Chairperson	March 1, 2016 Date
_____Mary Jordan_____ Signature of Secretary	March 1, 2016 Date
_____Bryant Shephard_____ Signature of Treasurer	March 1, 2016 Date

This must be signed by all of the above Board members!

If this signed affidavit is not turned in with your grant application then it must be turned in at your budget request review with the Recreation Advisory Board on March 10, 2016!!

Projected Budget
July 2016-June 2017

Organization Name:

REVENUE SOURCES *		**BUDGETED TOTAL**
County Funds:		
Municipal Funds:		
Grants:		
Donations:		$ 300.00
Sponsorships:		$ 200.00
Participation Fees:		$ 200.00
Fundraising:	Parade/Earmark for Repairs	$ 10,000.00
Concessions:		$ 200.00
Other:		
Total Revenues		$ 10,900

EXPENSES**		**Total**
Supplies		$ 300
Utilities		$ 5,000
Postage		$ 100
Building Repairs	(Earmark Monies)	$ 60,000
Total Expenses		$ 65,400