

# Neighborly Software



January 30<sup>th</sup> 2020 Training  
External Agency Funding Application



# Accessing the Subrecipient Portal

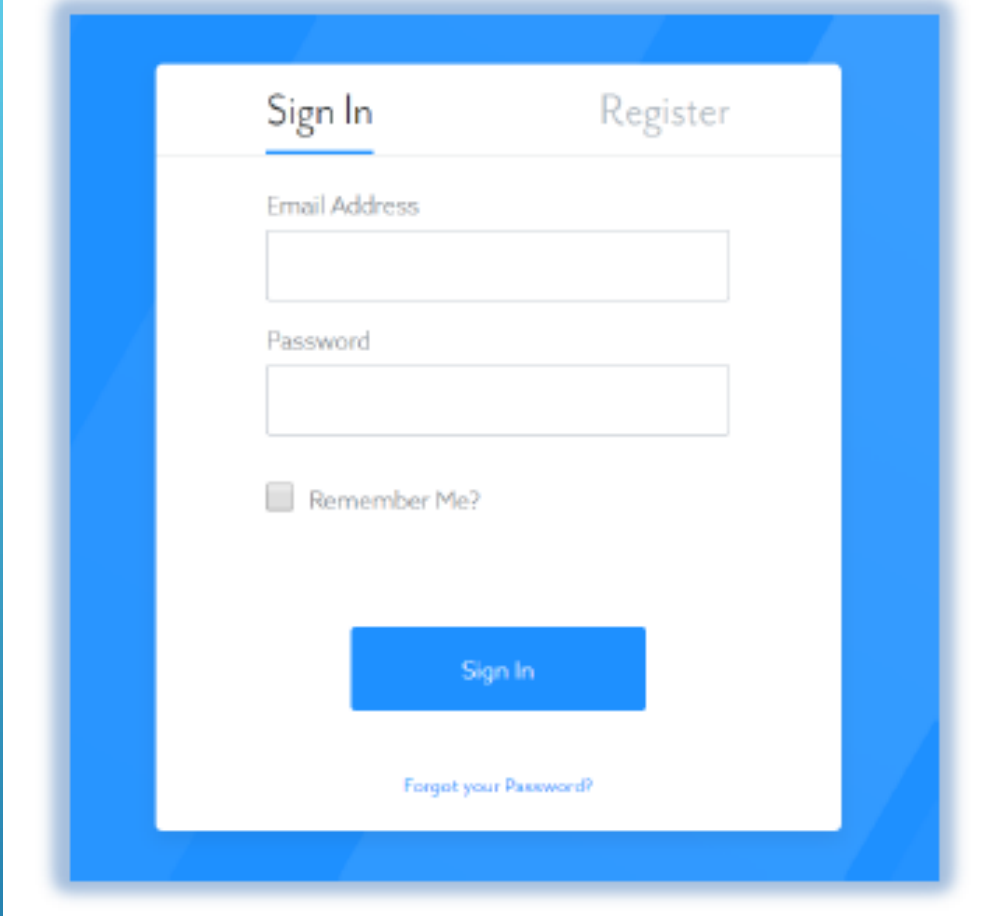
The Subrecipient Portal is hosted by Neighborly Software and is accessible available via any internet connected device. The recommended browser is Google Chrome, but will work with any modern web browser (i.e. Internet Explorer v10+, FireFox, Safari).

City of Concord Portal Link:

<https://www.concordnc.gov/Departments/Finance/Budget/External-Agency-Funding>

Neighborly Software Application Portal Link:

<https://portal.neighborlysoftware.com/concordnc/participant/Login>

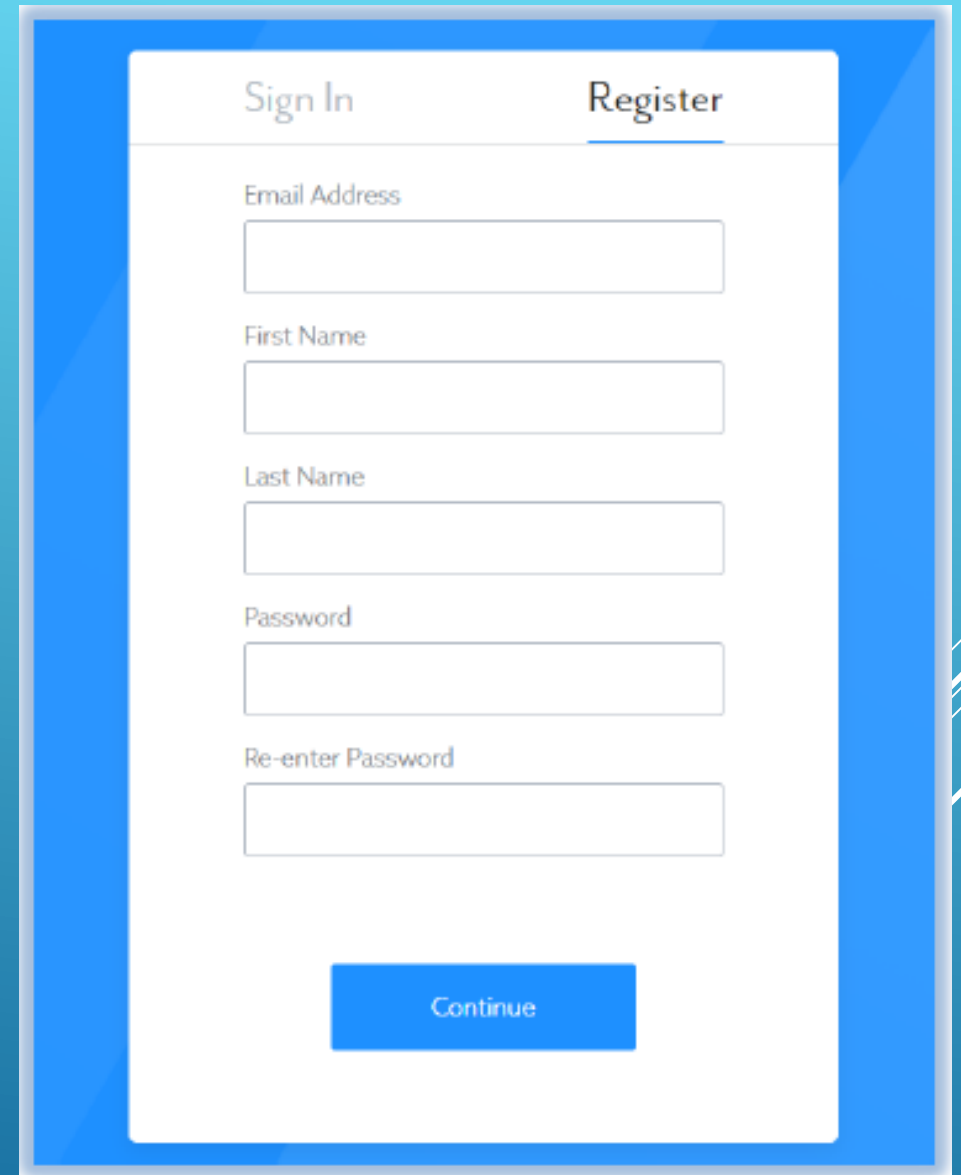


The image shows a screenshot of a web form for signing in or registering. The form is titled "Sign In" and "Register" at the top. It contains two input fields: "Email Address" and "Password". Below the "Password" field is a checkbox labeled "Remember Me?". A blue "Sign In" button is located below the form. At the bottom of the form, there is a link that says "Forgot your Password?". The entire form is set against a blue background.

# Registering your Account

When you access the Portal for the first time, you'll need to Register your account by clicking on the Register link. The registration process will create a user name (which is your work email address) and password that will be used for future logins. The email address you choose will also be used for system emails/notifications. For security purposes, the system will validate that you own the registered email address by sending an email with a validation link.

Note: If you do not receive the system email within 2 minutes, check your spam or bulk mail folder. If the email appears in that folder, you should right click on the email to indicate "Not Junk" or "Not Spam" to ensure you receive any other system notifications.



The image shows a registration form with a blue header and a white background. At the top, there are two tabs: "Sign In" and "Register", with "Register" being the active tab. Below the tabs are five input fields: "Email Address", "First Name", "Last Name", "Password", and "Re-enter Password". Each field is a simple rectangular box with a thin border. At the bottom of the form is a blue button with the text "Continue" in white.

Sign In Register

Email Address

First Name

Last Name

Password

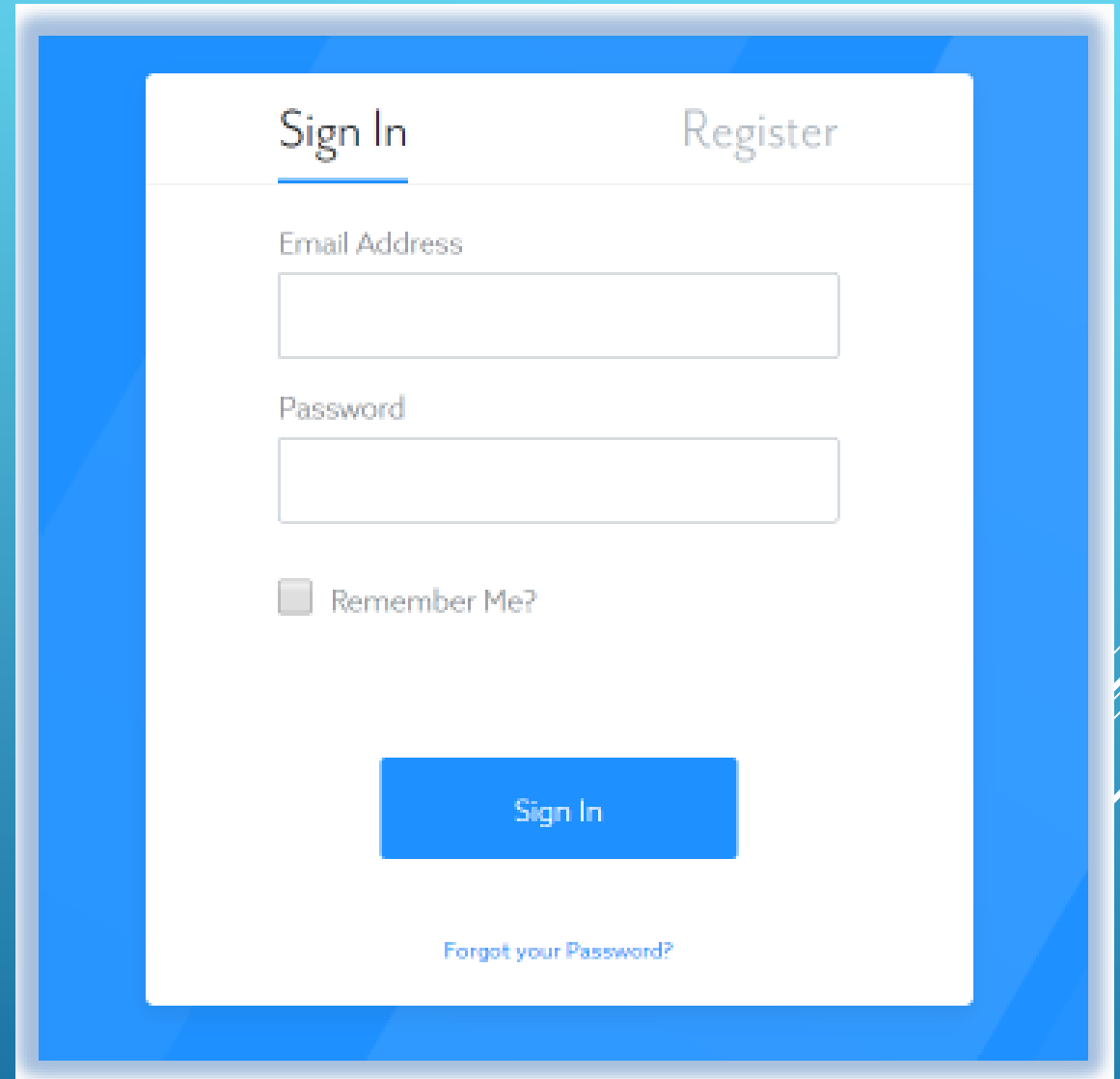
Re-enter Password

Continue

# Logging In

Once your account has been registered, you may login (using the same link above) by entering the email address and password used during registration.

By checking “Remember Me?”, your web browser will remember your email address for future logins (depending on browser and security settings).




The image shows a login interface with a blue background. At the top, there are two tabs: "Sign In" (which is active and underlined) and "Register". Below the tabs, there are two input fields: "Email Address" and "Password". Below the "Password" field, there is a checkbox labeled "Remember Me?". At the bottom of the form, there is a blue button labeled "Sign In" and a link labeled "Forgot your Password?".

## Forgot your Password

If you forget your password, click on the link that says “Forgot your Password?” and follow the prompts to create a new password. For security purposes, the system will send an email to the registered email address with a link to reset your password

## Changing your Password

To change your password, log into the Application Portal. Click on the  icon on the top right corner of the screen, and select “My Profile”. Then select the Password option on the left side of the screen. For security purposes, you will be required to enter your Old Password before selecting a New Password.



**GENERAL**

**PASSWORD**

## My Profile

### Change Password

Old Password

New Password

Confirm Password

Update

## Signing Out

To sign out (aka log out) of the system, click on the  icon on the top right corner of the screen and select “Sign Out”.



# Good Afternoon, Kristina !



## Welcome to the City of Concord Community Development Portal

Neighborly Software is committed to accessibility for all applicants. If you require this material in an alternate format, please contact the Office of Community Development Department at 704-920-5122 or 704-920-6263.

### Grants

ID	NAME	PROGRAM	YEAR	APPROVED	DISBURSED	REMAINING	
10026	Cooperative Christian Ministry	Public Services	2019/20	\$9,000.00	\$9,000.00	\$0.00	<a href="#">View</a>

[Start a New Application](#)



## Public Services Application

Id: 10047



View Users (1)



Print Application

- A. Contact Information
- B. Background Information
- C. Financial Statement
- D. Required Documents
- E. Submit

### Application

Please use the link below to continue the application process.

Technical issues? Contact [support@neighborlysoftware.com](mailto:support@neighborlysoftware.com).

[Click here to continue](#)



## A. Contact Information

Please provide the following information. All fields must be completed. If an item does not pertain to your organization, please enter N/A or zero (0) in the field.

### A.1. Agency Name

### A.2. Agency Mailing Address



### A.3. Agency Physical Address



### A.4. Agency Main Phone

### A.5. Website

### A.6. Contact Name

### A.7. Contact Number

### A.8. Contact Email

### A.9. Agency Director

### A.10. Agency DUNS#

### A.11. Years agency in operation?

### A.12. Amount of CDBG funding appropriated in FY 2018/19?

### A.13. Amount of CDBG funding requested in FY 2019/20?

### A.14. Amount of City Grant funding appropriated in FY 2018/19?

### A.15. Amount of City Grant funding requested in FY 2019/20?

No save history

Save

Complete & Continue

## B. Background Information

Please provide the following information

**B.1.** Please provide a brief statement about the organization mission, scope of work, and goals/objectives for the next fiscal year.

**B.2.** Why are funds being requested?

**B.3.** What specific cost will be reimbursed using these funds? *(500 characters remaining)*

**B.4.** List other agencies that provide similar services and indicate your agency's sponsors and/or affiliated agencies.

**Example:** HUD Categories of Eligible Activities (CDBG)

**Example:** City of Concord Grant Eligible Activities

**B.5.** To Whom does your agency provide services? (See example below)

**B.6.** As these funds are restricted to City of Concord residents only, how many Concord residents will your agency serve during this funding period.

**B.7.** What is the geographic service area of your agency?

**B.8.** Please indicate the approximate percentage of total persons served within the City limits of Concord

**B.9.** Does your agency currently contract with any of the following for the provision of services?  
(Check all that apply)

ITEM	ANSWER
City of Concord?	<input type="radio"/> Yes <input type="radio"/> No
Any agency of Cabarrus County?	<input type="radio"/> Yes <input type="radio"/> No
State of North Carolina?	<input type="radio"/> Yes <input type="radio"/> No

**B.10.** Is your agency (Check answer)

ITEM	ANSWER
Licensed or Certified by the State of North Carolina	<input type="radio"/> Yes <input type="radio"/> No
Chartered as a nonprofit corporation by the State of North Carolina?	<input type="radio"/> Yes <input type="radio"/> No
Certified by the Federal Government as a tax-exempt organization under 26 USC 501(c)(3)?	<input type="radio"/> Yes <input type="radio"/> No

If you answered yes to any of the above, list services provided and with what level of government.

**B.11.** How is your agency governed and managed? (Attached supporting documents)

**B.12.** Provide the name and title of all bonded agency officials responsible for the authorization of expenditures and the disbursement of funds. Indicate the amount of each bond.

If not applicable, please note within the request box.

NAME	TITLE	MONEY
<input type="text" value="Add Row"/>		

**B.13.** Does your agency have a detailed budget, which controls and guides the use of funds through the funding period?

- Yes
- No

**B.14.** Does a licensed CPA perform an annual audit for all funds handled by your agency?

- Yes
- No

No save history

Save

Complete & Continue

## C. Financial Statement

Please provide the following information

C.1. What is the period of your agency's fiscal year? (Starting and Ending Month)

C.2. Please complete the chart below:

ITEM	FY 2017-2018		
	ACTUAL	FY 2018-2019	FY 2019-2020
Total Annual Budget	<input type="text"/>	<input type="text"/>	<input type="text"/>
City of Concord CDBG proposed funds	<input type="text"/>	<input type="text"/>	<input type="text"/>
City Grant funds	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of Total Annual Budget Represented by CDBG	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of Total Annual Budget Represented by City Grant Funding	<input type="text"/>	<input type="text"/>	<input type="text"/>



C.3. If you are requesting sustaining funds, please fill in the chart below.

ITEMS	OPERATIONS &	
	SALARIES & BENEFITS	OTHERS
FY 2017-2018 Budget	<input type="text"/>	<input type="text"/>
FY 2018-2019 Total Requested City Grant	<input type="text"/>	<input type="text"/>
% of budgeted Amount Requested	<input type="text"/>	<input type="text"/>

C.4. What type of Program are you requesting?

C.5. Describe in detail, use of funds previous fiscal year, including number of clients served and the programs provided.

No save history

Save

Complete & Continue

## D. Required Documents

Please provide the following information

### Documentation

- Audit / Financial Statements / Non-Financials Statement Letter **\*Required** [Upload File](#) 
- 501(c)(3) nonprofit status certification letter **\*Required** [Upload File](#) 
- Agency By-laws / Mission Statement and/or Core Values **\*Required** [Upload File](#) 
- Certifications **\*Required** [Upload File](#) 
- Key Staff Resumes **\*Required** [Upload File](#) 
- List of Board of Directors **\*Required** [Upload File](#) 
- Organizational Chart (with names and titles) **\*Required** [Upload File](#) 
- Proof of Insurance (with Concord as Certificate Holder) **\*Required** [Upload File](#) 

Current Financial Budget **\*Required**

[Upload File](#) 

No save history

[Complete & Continue](#)

The Complete button is not active until all required documents have been uploaded.

*Note: Required documents are indicated by(\*)*.

## E. Submit



Please provide the following information

**NOTE:** All recipients and sub-recipients of City funding will be required to report agency and/or program outcomes. All funding agreements will contain a performance component that will measure the outcome of the agency and/or program funded by the City. All measures may be reviewed with City staff upon any funding approval by City Council.

Completed By:

K.Fausel (On Behalf of CCM Application)

Title:

CD Technician

Signature:

Kristina Fausel

*Kristina Fausel*

Electronically signed by fauselk@concordnc.gov on 12/23/2019

Date:

12/23/2019

This step was completed by fauselk@concordnc.gov on 12/23/2019 9:25:39 AM .

 Reopen

**QUESTIONS?**

