

## 2009/2010 Fiscal Year

### Anderson County Government

#### Non-Profit Funding Policy

1. No organization can receive more than \$5,000.
2. All non-profits must provide proof of 501(c)3 status for the most recent year prior to the date of application.
3. Funds will be provided only to an organization that perform countywide functions of government (i.e. health, legal, education, public safety).
4. Applicants must complete the Application for County Funds.
5. Organizations must list a specific project (or projects) for which the funds will be used.
6. There will be no exceptions to the application deadline.
7. **Organizations that have not picked up funds within 30 days from date of notification by return receipt letter will forfeit funds.** Forfeited funds will return to the non-profit balance. Those funds can be re-allocated at the discretion of the Non-Profit Committee anytime during the year. Any funds not allocated will be rolled over to the next fiscal year for non-profit distribution.

#### **Note:**

**The deadline to submit an application to request non-profit funding for the 2009/2010 fiscal year is Thursday, February 11, 2010 at 12:00 Noon, in the County Commission Office, Room 118, Courthouse.**

**2009/2010 Fiscal Year**

**Anderson County Government**

**100 N. Main Street, Room 118, Clinton, Tennessee 37716**

**Non Profit Organizations Application for County Funds**

**The purpose of this document is to aid County Commissioners in evaluating expenditures, and services provided to Anderson County or its Residents. Response to these questions does not guarantee funding nor does it preclude an organization from funding. The County Commissioners will use this information to help them in their decisions during the selection process.**

1. **Agency Making Request** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different than above)

2. **Contact Person:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

3. **Amount Requested:** \_\_\_\_\_

**Are Funds Used As Matching:** \_\_\_\_\_ Yes \_\_\_\_\_ No

4. How does this organization benefit Anderson County or Anderson County Residents?  
Approximate the % of these funds that would directly benefit Anderson County Residents and the % that is used for overhead. % Direct Benefit: \_\_\_\_\_ % Overhead: \_\_\_\_\_.



11. Is this Organization receiving funding from another county or municipality? If yes, how much and from which other entities?
12. Use this space to provide any additional information you would like to provide to the Commission.
13. **Your latest audit or financial report must be submitted with this application including the date of your next audit. \_\_\_\_\_**
14. **Attach copy of your 501(c)3 status.**

**\*\* NOTE \*\* It is the responsibility of each organization applying for funding to ensure that the contact information and phone numbers stay current during this process. Failure to do so could result in the forfeiture of funding if awarded.**

<b>Accounting Use Only</b>
Application Received: _____
Audit/Financial Report Received: _____
Proof of 501(c)3 Received: _____