



## **RULES FOR CHARITABLE AND NON-PROFIT ORGANIZATIONS**

1. Giles County will adhere to all rules set forth in Tenn. Code Ann 5-9-109.
2. Applications will be accepted from April 1<sup>st</sup> through May 1<sup>st</sup>.
3. Giles County Executive's office will advertise these dates in the local newspaper and online at [www.gilescountytn.gov](http://www.gilescountytn.gov).
4. Applicants must use the current year's application which can be obtained from Giles County website. [www.gilescountytn.gov](http://www.gilescountytn.gov).
5. Applicants must submit 10 copies of their completed application to the County Executive's office by four o'clock (4:00) p.m. on May 1<sup>st</sup>. If the 1<sup>st</sup> falls on a non-business day, then the application deadline will be the next business day following the 1<sup>st</sup>.
6. Consideration of funding will occur in accordance with the Commission's Rules of Order.
7. If the rules of the commission are not followed the application WILL NOT be considered.



## Giles County

### Request for Special Appropriations

**DUE DATE: May 01, 2023**

**Contact: County Executive Office (931)-363-5300  
222 West Madison Street, Pulaski, TN 38478**

Organization's Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Website address: \_\_\_\_\_

#### **A. GENERAL INFORMATION**

1. Program Name: \_\_\_\_\_

2. Contact Person/Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Please state the mission of your agency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Total Program Budget: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Percent of total program budget you are requesting from the county. \_\_\_\_\_

5. Will the funding be used to:

Maintain an existing program  Expand an Existing Program  Start a new program

(Explain) Identify how county funds will be used for this program. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Has your organization received funds from the County in the past for this or similar programs? \_\_\_\_\_ (If yes please answer the following.

A. Does the amount of your request represent an increase over your previous appropriation? \_\_\_\_\_

If yes, explain the reason for the increase. \_\_\_\_\_

\_\_\_\_\_

B. Clearly explain what is to be accomplished and the anticipated community impact. (e.g., begin your sentences with "The purpose of the program is to provide..." and describe the services to be provided.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. If you received funds last year please explain how they were used; provide receipts and documentation if available.

\_\_\_\_\_

\_\_\_\_\_

7. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. \_\_\_\_\_

\_\_\_\_\_

8. List any other government agencies from whom you receive funding, grants, or non-monetary support; e.g. Federal, State, SCHRA, etc.

\_\_\_\_\_

\_\_\_\_\_

9. How many Giles County citizens are currently (or will be) impacted by this program? (Please provide supporting data of persons/day or persons/month.)

\_\_\_\_\_

10. Which Giles County community(ies) do you serve?

\_\_\_\_\_

11. What other means do you currently use to make money for this program. Please specify the amounts raised in each category:

A. Fundraisers\_\_\_\_\_

B. Donations\_\_\_\_\_

C. Grants\_\_\_\_\_

D. Others: (explain)\_\_\_\_\_

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12. If you receive county funding do you currently have commissioner representation on your Board of Directors?      **Yes**              **No**

13. Over the last calendar year, has your organization engaged in any political activity as defined by IRS guidelines?      **Yes**              **No**

14. Submit 10 *bound* and *collated* copies of this application to include the following documents: Application must be turned in at the County Executive's office, and the applicant will receive a receipt.

- a) Financial Statements demonstrating 3 continuous years of solvency (for new or 2<sup>nd</sup> year applicants only)
- b) Bank Statements from last 12 months
- c) Current annual audit if available
- d) A copy of your organization's bylaws

**15. REQUEST WILL NOT BE ACCEPTED:**

- 1. If all copies are not included.**
- 2. If copies are email or faxed.**
- 3. If application is NOT turned in by deadline date and time.**
- 4. If not completed.**

**We, the undersigned, confirm the information contained herein is accurate and can be verified as such.**

**We understand and agree if the requested funds are approved the disbursement of funds are subject to all conditions established by Giles County.**

**Those requesting non-profit funding shall strictly comply with IRS non-profit policy on political activity:**

**“Political campaign activity is directly or indirectly participating or intervening in any political campaign on behalf of or in opposition to any candidate for elective public office. This includes making contributions to political campaign funds or making public statements in favor of or in opposition to any candidate for public office.”**

**By signing below we agree to adhere to all rules listed above.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**

**This blank application form was approved by the County Commission on 20 Mar 2023.**