

RULES FOR CHARITABLE AND NON-PROFIT ORGANIZATIONS

- Giles County will adhere to all rules set forth in Tenn. Code Ann 5-9-109.
- 2. Applications will be accepted from April 1st through May 1st.
- 3. Giles County Executive's office will advertise these dates in the local newspaper and online at <u>www.gilescountytn.gov.</u>
- 4. Applicants must use the current year's application which can be obtained from Giles County website. <u>www.gilescountytn.gov.</u>
- 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 1st. If the 1st falls on a non-business day, then the application deadline will be the next business day following the 1st.
- 6. Consideration of funding will only occur during the normal budget process.
- If the rules of the commission are not followed the application WILL NOT be considered.

Website address: A. GENERAL INFORMATION 1. Program Name: 2. Contact Person/Title: Telephone Number: Fax:	THES COUNS	Giles County
222 West Madison Street, Pulaski, TN 38478 Organization's Name:		
Organization's Name:	SEE EST.	
Address: City, State, ZIP: Website address: A. GENERAL INFORMATION 1. Program Name:		222 West Madison Street, Pulaski, TN 38478
City, State, ZIP:	Organization's Name:	
Website address:	Address:	
A. GENERAL INFORMATION 1. Program Name:	City, State, ZIP:	
	Website address:	
 Contact Person/Title:	A. GENERAL INFORM	ATION
Telephone Number:	1. Program Name:	
E-mail address:	2. Contact Person/Titl	e:
 Please state the mission of your agency:		Telephone Number: Fax:
 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: 		E-mail address:
 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: 	3. Please state the mis	ssion of your agency:
Amount of Request: Percent of total program budget you are requesting from the county 5. Will the funding be used to:		
Amount of Request: Percent of total program budget you are requesting from the county 5. Will the funding be used to:		
Amount of Request: Percent of total program budget you are requesting from the county 5. Will the funding be used to:		
Percent of total program budget you are requesting from the county5. Will the funding be used to:	4. Total Program	Budget:
5. Will the funding be used to:	Amount of Red	quest:
5. Will the funding be used to:	Percent of tota	al program budget you are requesting from the county.
iviaintain 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)_____

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 IRSguidelines?YesNo

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 2nd 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. REQUESTS 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 application is 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 the rules listed above.

Signature of Applicant	Sign	ature	of <i>i</i>	App	licant
------------------------	------	-------	-------------	-----	--------

Date

Typed Name and Title

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