

Wilson County Government

Non-Profit Organization Appropriate Funding Request

The instructions details below are for any agency/organization that is requesting funding assistance from Wilson County. These instructions must be completed in order for the funding request to be considered by the Wilson County Board of Commissioners. Upon completing the application for funds, you will be required to sign a statement certifying to the accuracy of the information submitted and agreeing to allow Wilson County to review your books and records upon request.

Application Guidelines

1. Agency/Organization requesting County Funds must meet the requirements of T.C.A 5-9-109 guidelines of a Charitable or Civic Agency/Organization.
2. Submit a completed Wilson County appropriation grant application explaining the request for funds.
3. Submit a copy of the agency/organization's most recent financial statement. It needs to include the balance sheet and summary of operations (audit if available). A copy of your last year and this year's current budget with estimated revenues and expenses. Indicate basis of accounting
4. A copy of the IRS letter recognizing the organization as a non-profit organization or a copy of the State of Tennessee solicitation letter for your organization.
5. If your agency/organization serves multi-county area, your budget should reflect Wilson County revenues and expenses separately from other cities and counties.
6. If you are a first time agency/organization requesting Wilson County funding, you should be aware the maximum first time request is \$2,500.
7. All request applications and documentation must be in the Finance Department no later than 4:00 PM on May 1st, 2015.
8. **A representative from the agency/organization must appear in person before the appropriate County Committee to explain the request.** (Committees: Recreation – Health & Welfare – Development & Tourism)
9. Feel free to include any additional explanation or information which will help explain why you are requesting Wilson County funds.
10. The application and documentation submitted to Wilson County regarding the funding request will be open for public inspection.
11. If your agency/organization is approved for funding, your name and amount will be published in the local newspaper.
12. All funds will be dispensed as a reimbursement upon receipts of the *qualified purchases** to the Wilson County Finance Director. (*receipts of requested funds in question #9 of the application.)
13. Wilson County expressly prohibits the use of any funds distributed under these programs to be used for the support of any political candidate, political party, or other political organization.

WILSON COUNTY FUNDING APPROPRIATION REQUEST
Wilson County, Tennessee
Fiscal Year: July 1, 2015 to June 30, 2016
Minimum Requirements for Allotment of Appropriations

1. **Agency/Organization requesting County Funds must meet the requirements of T.C.A 5-9-109 guidelines of a Charitable or Civic Agency or Organization.**
2. **In the event your request is granted, your organization will be subject to an audit by Wilson County and/or from the State of Tennessee Controller of the Treasury, Division of County Audit.**
3. **By executing this request, the requesting agency/organization and responsible person agreed to abide by all requirements stated herein, and such additional requirements as may be established by the Board of Commissioners of Wilson County, Tennessee. In the event of a failure to comply you will agree to repay Wilson County all amounts received pursuant to this request.**

4. **Organization**
Name: _____

5. **Address:** _____

6. **Contact-Responsible Person:**

7. **Telephone**
Number: Day _____ **Evening** _____

E-mail address: _____

8. **Amount Requested For Upcoming Fiscal Year Budget \$** _____

9. **Purpose/Project for which Wilson County funds are being requested:**

10. **Type of agency/organization (charitable, sports, civic, etc.)?** _____
(NOTE: Please attach copy of charter, association by-laws, and IRS letter recognizing your organization as a not-profit)

11. **Is organization non-profit?** _____ **Tax-exempt?** _____

List which IRS Code 501 (c) : (3) ___ (4) ___ (6) ___ (7) ___

12. Are Wilson County citizens charged for services or activities provided by your organization? If yes please explain: _____

13. Is membership/participation open to all persons regardless of race, color, creed, sex, religion or disability? _____

14. Is your organization familiar with the new Americans with Disabilities Act of 1992 ("ADA"), and the reasonable commmendations with your organization must provide to those persons with certain impairments/disabilities who may wish to participate in your organization's activities?

15. If you answered Yes to (14.), above, have you completed an assessment of your programs and facilities required of the "ADA" and published a plan of action to correct any deficiencies?

16. If you answered Yes to (14.), above, on what date do you expect your organization to be in full compliance with the new ADA requirements? _____

17. Is your organization covered by general liability insurance? _____

18. Is Wilson County included among those covered by your general liability insurance policy?

19. List all sources of income/revenue to your organization during the past twelve months that contributed more than \$500.00) _____

20. Provide names of supervisors, administrators, consultants, etc. who were compensated by your organization during the past twelve months, and the amount of salaries, wages and fees paid.
Number of Paid Employees: Full Time _____ Part Time _____

21. List national trade groups/parent organizations to which membership dues/fees were paid, and the amount paid during the last twelve months _____

22. Attach the following financial reports:

- Copy of your most current year-end financial report that includes the balance sheet and summary of operations
- Copy of last year's budget
- Copy of this year's current budget with estimated revenues and expenses



NOTE: The application and documentation that you submit to Wilson County to provide information regarding your funding request will be open for public inspection.

I certify, to the best of my knowledge and belief that the information submitted with this request is accurate and the attached budget was approved by our governing board on _____. You also agree to allow Wilson County officials to review the books and records of this agency/organization should they desire. Undersigned is authorized to sign and bind the agency/organization.

Signature

Date

Any questions please contact the Finance Department at 443-2630.

Return this form, with required documentation, to the Finance Department no later than May 1st, 2015.

Wilson County Finance Department
Attn: Debbie Green
P.O. Box 248
Lebanon, TN 37088-0248