

2014/2015 Fiscal Year

Roane County Government

200 E. Race St, Box 643

Kingston, TN 37763

Non Profit Organizations Application for County Funds

The purpose of this document is to aid County Commissioners in evaluating expenditures, and services provided to Roane 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 from 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 Roane County or Roane County Residents?**

Approximate the % of these funds that would directly benefit Roane County

Residents and the % that is used for overhead. % Direct Benefit:_____ %

Overhead:_____.

5. **What group of citizens benefits from this organizations service? (i.e. all residents, age group, particular community)**

6. **Is Roane County's portion of the money being matched from elsewhere? If yes, from where and what is the matching ratio?**

7. **How many individuals are benefitting per dollar, i.e. clients/dollar?**

8. **If a previous appropriation has been received from the County, for how much and how long?**

Is an increase from the previous appropriation being requested? If yes, what is the amount of increase and what is the justification?

9. **What other agencies or organizations perform this service to the community?**

10. **How does your organization provide countywide functions of government (i.e. health, legal, education, public safety)?**

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:_____**
(If you have any questions concerning your financial documents, please contact Director of Budgets and Accounts, Kaley Walker at 865-717-4118 for guidance).

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.

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