

**2026/2027 Fiscal Year
Roane County Government
200 E. Race St, Suite 1
P.O. Box 643
Kingston, TN 37763**

Deadline to submit applications: June 30, 2026

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 with 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. **Category: (select all that apply)**

- Basic Needs (Food, Shelter, Water)**
- Human Services (Child Care, Elder Care, Veteran Care, Health care/Mental Health Care, Disability Support/Assistance)**
- Support for Growth (Education Support, Life Skills-adults)**
- Animal Services and Environmental Conservation**
- Historic Preservation**

5. **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_____.**

6. **What group of citizens benefit from this organization's service? (i.e. all resident age group, particular community)**

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

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

9. **If a previous appropriation has been received from the County, for how much and how long?**
 - a. **Is an increase from the previous appropriation being requested? If yes, what is the amount of increase and what is the justification?**

10. **Has the organization applied for and/or received funds from the Roane County Opioid Council? If so, when? And how much?**

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

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

13. Is this organization receiving funding from another county or municipality? If yes, how much and from which other entities?

14. Use this space to provide any additional information you would like to provide to the Commission.

15. 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 Accounts and Budgets, Jennifer Hasbrouck at: Jennifer.Hasbrouck@roanecountytn.gov for guidance).

16. Attach copy of your 501(c) 3 status.

17. Attach copy of W9 if this is your first year in applying or have made changes.

18. Attach a summary of what the last funds received by the county were used on.

****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.

Applications must be turned in by June 30, 2026, no exceptions.

Send to: jennifer.hasbrouck@roanecountytn.gov

Accounting Use Only

Application Received: _____

Audit/Financial Report Received: _____

Proof of 501(c) 3: _____

Scoring Category: _____