

# Knox County Commission



## NONPROFIT FUNDING REQUEST FORM

Organization Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

### Please provide the following Funding Request Information:

1. Do any part of the net earnings of your organization inure to the benefit of any individual?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Does your organization provide services benefiting the general welfare of the residents of Knox County, Tennessee? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Funding amount requested: \_\_\_\_\_
4. Describe with all specificity the purpose for which funds will be used (such as indigent assistance, painting and making repairs, client medical expenses, band uniforms, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of Knox County residents and constituents who will benefit from the services/program:  
\_\_\_\_\_  
\_\_\_\_\_

6. Receipts verifying funds were used as described herein shall be provided upon request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Approval Authority: \_\_\_\_\_