

KNOX COUNTY 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: _____