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: ____________________________