



Charitable Donation Application Form

Name of Organization: _____

Mailing address: _____

Contract person: _____

Phone: _____ Email: _____

Submittal Date: _____ (Due March 15, 2024)

Type of Agency (please mark one):

Nonprofit charitable organization

- i. No part of net earnings inure to the benefit of any individual
- ii. Must provide year-round services

Nonprofit civic organization (26 U.S.C.A. § 501(c)(4) or (c)(6))

- iii. Operates primarily for civic betterments and social improvements through efforts to maintain and increase employment opportunities by promoting industry, trade, commerce, tourism, and recreation

Do you have proof of nonprofit registration? Yes No

Are you a recipient of any other financial or other type of assistance from the City of McMinnville? Yes No

If yes, please describe: _____

Submittal Requirements:

Eligible agencies must attach the following materials to this application:

- Proof of nonprofit registration
- A copy of the most recent annual audit
- A description of the program that serves the residents of McMinnville and the proposed use of municipal assistance.
- This should include the total amount requested itemized.
- A description of the organization's need for city funding. This must include all revenue sources for the organization.
- Exhibit A (Notarized required)
- Exhibit B (Notarized required)

Signature of person applying: _____

Title: _____

Applications with attachments should be sent to the following: (email preferred)

smoore@mcminnvilletn.gov

City of McMinnville
Attn: Samantha Moore
101 E. Main Street
PO Box 7088
McMinnville, TN 37111

Name of Business
 Balance Sheet
 December 31, 2023 (or date of end of your fiscal year)

		Assets
<u>Current Assets</u>		
Cash in Bank		
Certificates of Deposits		
Receivables		
Other Current Assets		
Total Current Assets		
 <u>Fixed Assets</u>		
Land		
Buildings		
Furniture & Fixtures		
Equipment		
Total Fixed Assets		
Total Assets		
		Liabilities
<u>Current Liabilities</u>		
Accounts Payable		
Accrued Payroll Taxes		
Other Current Liabilities		
Total Current Liabilities		
 <u>Long Term Liabilities</u>		
Note Payments		
Other Long Term Liabilities		
Total Long Term Liabilities		
Total Liabilities		
Net Position		
Total Liabilities & Net Position		

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief.

 Signature of President, Director or Responsible Person

 Date

 Print Name and Title

Sworn to and subscribed before me this ____ day of _____, 20__.

 Notary Public

My Commission expires: _____

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief.

Signature of President, Director or Responsible Person

Date

Print Name and Title

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My Commission expires: _____

Annual Reporting Form for Nonprofit Organizations Seeking Financial Assistance from Local Governments

Name of Nonprofit Organization
Street Address City County State Zip

Annual Financial Report of Cash Receipts, Disbursements, and Balances For the Fiscal Year from through Report Required by Title 5, Chapter 9, Part 1, And Title 6, Chapter 54, Part 1, Tennessee Code Annotated

Receipts table with categories: Federal Grants, State Grants, Financial Assistance from Local Governments, Donations and Gifts from Citizens, Membership Dues, Fees/Charges for Services, Fundraising Events, Sale of Assets, Loans-Borrowed Funds, Investment Income, Other Receipts, Total Receipts. Includes dollar signs and a total label (A).

Disbursements table with categories: Grants and Other Assistance Paid to Other Organizations and Individuals, Salaries and Wages, Employee Benefits, Payroll Taxes, Fees for Services (non-employee), Advertising and Promotion, Office Expenses, Leases/Rentals, Maintenance and Repairs, Supplies, Travel, Utilities, Insurance, Conferences, Conventions and Meetings.

Interest	_____	
Purchase of Capital Assets – Vehicles and Equipment	_____	
Purchase of capital Assets – Property and Buildings	_____	
Loan Payments	_____	
Other	_____	
Total Disbursements		\$ _____ (B)

Cash Receipts Less Disbursements for the fiscal Year (A-B=C) \$ _____ (C)

Cash Balance - at the beginning of the fiscal year \$ _____ (D)

Cash Balance - at the end of the fiscal year (C+D=E) \$ _____ (E)

Details of Cash Balance - at the end of the fiscal year

Cash on Hand	\$ _____	
Cash in Bank – Checking	_____	
Cash in Bank – Savings Accounts	_____	
Cash in Bank – Certificates of Deposits	_____	
Other Cash	_____	
Total Cash - at the end of the fiscal year		\$ _____ (E)

Please Explain Proposed Use of the Financial Assistance from Local Governments.

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief.

Signature of President, Director or Responsible Person

Date

Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires: _____

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief.

Signature of President, Director or Responsible Person

Date

Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires: _____