



Franklin Nonprofit Funding Request – Fiscal Year 2024-2025

Application for Charitable and Civic Organizations

Submission Deadline: March 1, 2024

Agency Name:

(List agency name as it appears on the Secretary of State website)

Legal Status: Charitable (501c3) Civic Organization (501c6 or 501c4)

Application Contact:

Name	Email	Phone
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Mailing Address:

Headquarters' Address (if different from mailing):

Total amount of City of Franklin funds being requested for FY2024-2025 \$

By signing below, I acknowledge that the City of Franklin Nonprofit Funding Application has been reviewed thoroughly, each item has been completed properly, and correct forms, attachments, and documents have been provided as requested. Should funding be approved, this application and supporting documents will become Exhibit A of the issued contract. Incomplete applications will not be reviewed.

Printed Name of (CEO/President/Executive Director/Board Chair) Date

Signature of (CEO/President/Executive Director/Board Chair) Date



FY2024-2025 Nonprofit Organization Funding Request,
continued. July 1, 2024 – June 30, 2025

Agency Name:

Every question and attachment requested are mandatory unless otherwise stated.

1. Do you provide year-round services? Yes No
If no, please list service dates.

2. **Use of Funds:** All funds provided by the City of Franklin must be used to promote the general welfare of Franklin residents or to maintain and increase employment opportunities in the municipality. Please attach documentation or provide an explanation below describing the program for which you are seeking funds to support.

3. **Work Plan (Performance Objectives):** Describe, in detail, how the City of Franklin's funds will be used to support the program described in question 2.



FY2024-2025 Nonprofit Organization Funding Request,
continued. July 1, 2024 – June 30, 2025

Agency Name:

4. What is your fiscal year (ex. July 1 to June 30)? _____ to _____

5. How often does the Board of Directors receive/approve financial reports?
bi-monthly monthly quarterly semi-annually annually

6. Are the agency's financial records audited by an independent certified public accountant? Yes No

7. Of your local agency revenue budget, what percentage is derived from this funding request to the City of Franklin?

Non-Discrimination

The parties, their agents, officials, employees, and servants shall not discriminate in any manner on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a covered veteran, genetic information, and any other category protected by the federal or state civil rights law with respect to the subject matter and related activities of this application.

Printed Name of (CEO/President/Executive Director/Board Chair) _____ Date _____

Signature of (CEO/President/Executive Director/Board Chair) _____ Date _____



FY2024-2025 Nonprofit Organization Funding Request,
continued. July 1, 2024 – June 30, 2025

Agency Name:

Attachments:

Option 1: Annual Audit for the last fiscal year you have concluded **OR**

Option 2: A completed State of Tennessee annual reporting form for the last fiscal year you have concluded AND the auditor's opinion and compliance notes for the last fiscal year you have concluded.

Proof of nonprofit status (IRS Tax Exempt Letter of Determination).

Proof of business registration with the State of TN, proof of registration with the TN Office of Charitable Solicitors, and any other forms of due diligence required by the State Comptroller's office.

Board of Directors list that includes the names, positions held, contact information, and expiration date of term for all board members.

Certificate of Insurance for professional liability(if applicable), general liability, and workers' compensation with the City of Franklin listed as a Certificate Holder.

City of Franklin Vendor Information Form (if you are an existing recipient and do not wish to change banking, contact, or address information, this form is not required).

W9 for the agency

Emailed applications are preferred.

Completed applications and required attachments may be sent to nonprofitfunding@frankltn.gov or mailed to City of Franklin, Finance Department, Attn: Nonprofit Funding, PO Box 295, Franklin, TN 37065 .



City of Franklin

Vendor Information Form

Vendor Name

**Vendor ID (For
Office Use)**

Contact Name

Contact Email Address

Physical Street Address

Remittance Address, if different

City, State ZIP

City, State ZIP

Phone Number

Email Address for ACH Remittance

In order to ensure timely payment, the City of Franklin encourages vendors to receive payment via direct deposit. Should you select ACH, a remittance will be emailed to you showing pertinent payment information.

Payment Mode

Name of Financial Institution

ACH

Check

Routing Number

Account Number

I/we hereby authorize the City of Franklin to initiate credit entries to my/our account listed above and authorize the financial institution to credit the same to my/our account. It is my/our responsibility to notify the City of Franklin Finance Department immediately if I/we become aware of any changes in status or bank information. If funds to which I/we am/are not entitled are deposited in error to my/our account, the City of Franklin is authorized to direct the financial institution to return the funds via an ACH debit transaction. This order will remain in effect until submission in writing to the Finance Department.

Authorized Signature

Date

Please submit this form along with a W-9. The forms can be emailed to accountspayable@franklintn.gov or mailed to P O Box 295, Franklin, TN 37065.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
					-				
OR									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**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

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		\$ _____ (A)

Disbursements

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.

I certify that this report accurately presents the cash receipts, disbursements, and balances of the _____ for the fiscal year noted above.

Name of Nonprofit Organization

Person Preparing Report _____
Printed Name Signature

Phone Number _____ Email Address _____ Date _____