

# Jackson County Commission - Request for Funds Application

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## Instructions

Please complete all sections of this application and attach any required supporting documentation. Incomplete applications will not be considered.

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## Application for Funding

### Section 1: Organization Information

1. **Organization Name:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **Organization Website:** \_\_\_\_\_
4. **Contact Person:** \_\_\_\_\_
  - **Title:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
5. **Is your organization a nonprofit?**  
 Yes (Attach IRS 501(c)(3) determination letter)  
 No (Explain legal structure): \_\_\_\_\_
6. **Has your organization received Commission Support in the past?**  Yes  No

### Section 2: Funding Request

1. **Amount Requested** \$ \_\_\_\_\_
2. **Project Total** \$ \_\_\_\_\_
3. The Commission is looking to use funds for purposes deemed to serve a **public purpose**, which includes activities that benefit the County as a whole, promote general welfare, or address public needs. Examples of public purposes include:

#### **Purpose of Funds (Check one):**

- Infrastructure Improvements
- Public Safety/Emergency Services
- Educational Programs
- Outreach/Social Services
- Other (Describe): \_\_\_\_\_

**4. Describe the specific project or initiative for which funds are requested:**

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**5. Provide project or initiative goals that requested funds will support:**

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**6. Provide plan description with milestones to achieve project or initiative goals:**

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**7. Provide a timeline for the project or initiative:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### **Section 3: Supporting Documentation**

Attach the following documents to support your application:

1. Proof of nonprofit status (if applicable).
2. Budget for the proposed project or initiative.
3. Proof of matching funds if Amount Requested is less than the Project Total (if applicable)
4. Most recent financial statement or audit.
5. Letters of support or endorsements (optional).

### **Section 4: Completion/Closeout Requirements**

The following documents are required within 60 days of project or initiative completion. Failure to submit the required documents will disqualify the organization from future funding opportunities from the Commission.

1. Itemized list of expenditures and copies of invoices and receipts.
2. Signed statement confirming funds were used solely for the approved purpose.

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## **Acknowledgment**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee funding. If funds are awarded, I agree to use them solely for the approved purposes and to provide accountability documentation as required by the Jackson County Commission as required by Section 4: Completion/Closeout Documentation.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

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## **Submit Completed Applications To:**

Jackson County Commission  
Suite 47  
102 East Laurel St.  
Scottsboro, AL 35768

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If you have questions about completing this application, please contact the Commission Office at  
(256) 574-9280