



JUSTIN HANSON
Mayor

TINA DUNN
Recorder-Treasurer

City of Covington

POST OFFICE BOX 768
200 West Washington Avenue, Covington, Tennessee 38019
Telephone (901) 476-9613 Fax (901) 476-6699

DONATION POLICY AND PROCEDURES

GENERAL POLICY

The City of Covington is committed to positively impacting the community by providing financial assistance to local charities and others who might benefit from our assistance. Under Tennessee State Law, the City may allocate funding to non-profit charitable or non-profit civic organizations that, in the City's opinion, provide services that benefit the City of Covington and its residents.

The following "Donations Request Policy" has been developed as a way to create consistency and fairness to organizations that ask for the City's financial support. Please be aware that the City of Covington attempts to fulfill as many requests as possible and cannot guarantee that every donation request will be met. Funds for donation are approved each year during the annual budget process and then allocated by a resolution of the Board of Mayor and Aldermen during the fiscal year.

AREA OF FOCUS

The City of Covington places priority on giving to qualified 501(C)3 charitable organizations and non-profit institutions whose primary service area is or includes this municipality. Priority is given to charitable organizations who have received support in the past and who remain in good standing with this City of Covington.

EXCLUSIONS

The City of Covington is unable to honor requests or make contributions to the following:

- Donations to labor, social, or political groups
- Donations to benefit specific individuals or families
- Donations of goods or services intended for online auctions
- Donations of goods or services intended for resale

APPLICATION

- Donation requests exceeding \$250 must be submitted on the City of Covington's "Donation Request Form" by May 1 of each calendar year.
- Donation requests for less than \$250 must be submitted on the City of Covington's "Donation Request Form" and are accepted on an ongoing basis.
- In an effort to fulfill as many requests as possible, the City of Covington will only honor one (1) request per organization in a fiscal year.
- Incomplete applications will not be processed. The areas in red MUST be filled out completely for us to process your request.

PROCESSING

- Please allow a minimum of three weeks to process your donation request.
- Declined requests – The requesting organization will receive notification via email indicating the request has been declined and the reason for the decision.
- Approved requests – The approved donation will be mailed to the organization mailing address provided on the Donation Request Form.
- All donation decisions made by the City of Covington are final and will be mailed according to the date of the event and/or date donation is needed.

REQUIREMENTS FOR APPROVED REQUESTS

Organizations receiving funding from the City of Covington shall comply with all requirements of Section 6-54-111 of the Tennessee Code Annotated and Title 4, Chapter 3, Section 1 of the Internal Controls and Compliance Manual for Tennessee Municipalities.

The organization will be required to submit an annual report of its business affairs and transactions and the proposed use of the municipal assistance.

ACKNOWLEDGEMENT

Please acknowledge that you have read and understand the Donations Policies and Procedures outlines above, and that your organization meets our requirements as stated, by entering your name and information below:

Name of Organization: _____

Requestor's Name: _____ **Signature:** _____

Date: ____ / ____ /20 ____



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DONATION REQUEST FORM

INSTRUCTIONS: Please read our Policy and Procedure document before completing this Donation Request Form. The areas in red **MUST** be filled out completely for us to process your request. Please use all the space you need below to state your case.

ABOUT THE ORGANIZATION

Name of Organization	Federal Tax ID #
Mailing Address	Phone
City/State/Zip	Email
Contact person	
Have you previously requested a donation from the City of Covington? ___yes ___no	If yes, when? If yes, was it approved? ___yes ___no
Organization's Mission Statement:	

ABOUT THE PROGRAM

Is this request for a one-time event or an ongoing program? <p style="text-align: center;"><input type="checkbox"/> One time <input type="checkbox"/> Ongoing program</p>	If one time event, what is the event date?
Description of event or program associated with the requested donation	

ABOUT THE REQUEST

Requested donation amount	Average number of people served per week
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**** PLEASE ATTACH A COPY OF YOUR MOST RECENT AUDIT, BUDGET, AND FINANCIAL STATEMENT**

**** PLEASE ATTACH A COPY OF YOUR CURRENT BOARD OF DIRECTORS' NAMES AND CONTACT INFORMATION**