

Town of Collierville Financial Responsibility Checklist

ATTACHMENTS

Generally the following attachments are required:

1. Finances (*a line-item revenue and expense account for the current fiscal year*).
 - For organizations with revenues **exceeding \$500,000**, the audited financial statements from the most recently completed year (within six months of year end) showing actual expenses, to include a balance sheet, a statement of activities and the statement of functional expenses **as** required by the State of Tennessee Division of Charitable Solicitations and Gaming. Include the organization's auditor's most recent peer review.
 - For organizations with revenues **exceeding \$300,000 but less than \$500,000**, a review by an independent auditor of the financial statements from the most recently completed year (within six months of year end) showing actual expenses, to include a balance sheet, a statement of activities and statement of functional expenses. Include the organization's auditor's most recent peer review.
 - For organizations with revenues **exceeding \$25,000 but less than \$300,000**, the most recent financial statement from the most recently completed year, to include a balance sheet, a statement of activities and statement of functional expenses.
 - For organizations with revenues **below \$25,000**, an income statement and bank statements from the most recently completed year.
 - Organization's budget for the current year, including income and expenses.
 - Project Budget, including income and expenses (if not a general operating proposal).
 - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. Copy of your most recent Form 990 tax return or your Form 990-N.
3. Copy of the most recent application/ renewal for registration of a charitable organization.
4. Certificate of Existence/Authorization from the Tennessee Department of State.
5. List of board members and their affiliations.
6. Brief description of key staff, including qualifications relevant to the specific request.
7. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3), (4) or (6) status.

PROPOSAL CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Cover letter. | <input type="checkbox"/> Certificate of Existence/Authorization from the Tennessee Department of State. |
| <input type="checkbox"/> Cover sheet. | <input type="checkbox"/> Copy of the organization's most recently filed 990. |
| <input type="checkbox"/> Organization budget. | <input type="checkbox"/> List of additional funders. |
| <input type="checkbox"/> Project budget (if not general operating grant). | <input type="checkbox"/> List of board members and their affiliations. |
| <input type="checkbox"/> Financial statements according to the criteria listed above. | <input type="checkbox"/> Brief description of key staff. |
| <input type="checkbox"/> Copy of the most recent application/ renewal for registration of a charitable organization: | <input type="checkbox"/> IRS determination letter. |
| <input type="checkbox"/> Form SS-6001 (application). | <input type="checkbox"/> Confirmation letter of fiscal agent (if required). |
| <input type="checkbox"/> Form SS-6007 (renewal). | |
| <input type="checkbox"/> Summary of financial activities submitted with the above form: | |
| <input type="checkbox"/> Form SS-6002. | |

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ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

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PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
 Total Income	 \$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	