

GREENE COUNTY COMMUNITY FUND

MEMBER AGENCY: Any approved Community Fund agency or organization certified as tax exempt by the Internal Revenue Service under the 501(c)3 status, having served Greene County for one year, with a legitimate human, educational, health, welfare or service program may request funding from the Greene County Community Fund. Acceptance of funding by the agency will involve the obligation to conform to all rules and regulations as established by the Board of Directors for the Greene County Community Fund.

ACCEPTANCE OF FUNDING - 2020

All member agencies, by acceptance of funding, shall agree to:

1. Cooperate with other agencies of the Greene County Community Fund in eliminating duplication which will increase the efficiency of all services.
2. Have an active and responsible local governing body (Board of Directors), serving without compensation, holding regular meetings with a satisfactory form of administrative control and local program.
3. Keep complete and accurate accounts of all their receipts and expenditures and adopt a standard system of accounting. The Agency must have its books annually reviewed or audited on a basis satisfactory to the Greene County community Fund and such books must be open to inspection upon request.
4. Agency must specifically use GCCF funds for specified uses/needs as listed in the 2020 application. Each application must provide documentation of GCCF Funding Expenditures, including but not limited to invoices, receipts, photos, etc.
5. Fund received from GCCF must be spent on services provides to Greene County residents and cannot be used for staff salaries or as "matching" funds for staff salaries.
6. **The agency must not solicit funds from industries or businesses which the Greene County Community Fund contacts, other than selling a product to them. No fund-raiser is allowed from the beginning of the Fund Drive (August 15th) until Fund Drive Completion (Mid-January) without the approval of the GCCF Board of Directors.**
7. The agency's directing board must cooperate actively in the Annual Fund Drive.

As duly authorized representatives of _____,

We have **reviewed and do agree** with the above provisions of the Greene County Community Fund. We understand that information requested must be included in the application packet or the application WILL NOT be considered. We also understand failure to follow the Acceptance of Funding will result in loss of future funding to the agency/organization.

Organization: _____ Tax ID: _____

Signatures: _____

Board Chairman Date

Agency Executive Date