

## EXECUTIVE POLICY

Borough of Stone Harbor

Title: NON-PROFIT SUPPORT POLICY & PROCEDURES

Number F-010

### **General Policy**

The Borough of Stone Harbor is committed to positively impacting the community by providing financial assistance to local schools, churches, organizations and charities. Under New Jersey State Law, the Borough may allocate funding for non-profit charitable or non-profit civic organizations that, in the Borough's opinion, provide services that benefit the Borough and its residents.

The following Non-Profit Support Request Policy has been developed as a way to create consistency and fairness to organizations that ask for the Borough's financial support. Please be aware that the Borough attempts to fulfill as many requests as possible and cannot guarantee that every request will be met. Funds for support are approved each year during the annual budget process and then allocated by a resolution of the Mayor and Council during the fiscal year. No direct donations will occur. The Borough will make payments directly to vendors on behalf of an organization or refund the organization upon presentation of expense receipts.

### **Area of Focus**

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

### **Exclusions**

The Borough of Stone Harbor is unable to honor requests or make contributions to the following:

- Labor, social or political groups.
- Benefit specific individuals or families.
- Goods or services intended for online auctions.

### **Application**

- Support requests must be submitted on the Borough of Stone Harbor's "Non-Profit Request Form" by October 1 of each calendar year for appropriation in the coming year. Council will discuss all applications at the first worksession in November.
- In an effort to fulfill as many requests as possible, the Borough will only honor one (1) request per organization in a fiscal year. Council will formally approve requests by Resolution at the 1st meeting in December. Any Organizations request that is not approved will receive notification via regular mail as soon as determination is made.
- Incomplete applications will not be processed. The areas in red MUST be filled out completely for us to process your request.

## **Processing of Requests for Disbursements/Reimbursements**

- Please allow a minimum of **three weeks** to process your Support Disbursement/reimbursement request. Once a request has been received the Borough will issue a purchase order either directly to the vendor or if a reimbursement then Purchase Order will be issued to Organization. Once signed purchase order is returned payment will be processed.

## **Requirements for Approved Requests**

Organizations receiving funding from the Borough of Stone Harbor shall comply with all requirements of New Jersey Local Budget Law, N.J.S.A 40A:4-1 et. seq. and New Jersey Local Public Contracts Law and Regulations, N.J.S.A. 40A:11-1 et. seq. and N.J.A.C. 5:34.

The organization will be required to submit an annual report of its business affairs and transactions. Annual Report must be submitted by March 1st of each calendar year for the prior year.

## **Acknowledgement**

**Please acknowledge that you have read and understand the Non-Profit Support Policies and Procedures outlined above, and that your organization meets our requirements as stated, by entering your name below:**

**Name of Organization:** \_\_\_\_\_

**Requestor's Name:** \_\_\_\_\_ **Signature :** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

## NON-PROFIT SUPPORT REQUEST FORM

**Instructions:** Please read our Policy and Procedure document before completing this Non-Profit Support Request Form. The areas in red MUST be filled out completely for us to process your request.

### **About the Organization**

Name of Organization	Federal Tax ID #
Mailing Address	Phone
City / State / ZIP	Email
Contact Person	
Have you previously requested funding from the Borough ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when ?  If yes, was it approved ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Organization's mission statement	

### **About the Program**

Is this request for a one-time event of an ongoing program ? <input type="checkbox"/> One time <input type="checkbox"/> Ongoing	If a one-time event, what is the event date ?
Description of event or program associated with the requested support	

### **About the Request**

Requested support amount	Number of people served by event/program
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