



## **Community Promotions Committee Donation of Public Funds Application**

### **Background:**

There is legal precedent that governs the donating of funds by a government entity, such as the City of Folly Beach. The Council has formed the Community Promotions Committee to screen applications for funds. Funds donated to individuals, organizations, and non-profit entities must be used for a public purpose. Public purpose must meet the following objective:

*The promotion of the public health, safety, morals, general welfare, security, prosperity, and contentment of all the residents of the City of Folly Beach, or at least a large part thereof.*

### **Application Criteria:**

1. What is the benefit to the residents of Folly Beach?
2. Who are the primary beneficiaries, public or private?
3. Is the benefit to the residents speculative or definite?
4. What is the probability that the public interest of Folly Beach will be served in the end and to what extent?

### **Application Purpose:**

The Foundation must review applications and recommend to Council whether the request meets legal precedent.

### **Application Submission:**

Submit application by hand delivery, mail or email to:

Colleen Jolley  
Municipal Clerk  
21 Center Street  
PO Box 48  
Folly Beach, SC 29439  
[cjolley@cityoffollybeach.com](mailto:cjolley@cityoffollybeach.com)



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

Purpose of Organization: \_\_\_\_\_

Status of Organization: Profit \_\_\_\_\_ Non Profit \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Fund Request Amount: \$ \_\_\_\_\_

Please state purpose for the fund request and how it meets the legal precedent stated in Application Criteria section on page 1.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**Application Special Conditions:**

Does this application require any special waivers that would affect Public Safety, Public Works, or City Staff? \_\_\_\_\_

Are variances by City Council needed, such as street closings or the permission of the alcohol open container law? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If approved, make check payable to: \_\_\_\_\_

Pick up \_\_\_\_\_ Mail \_\_\_\_\_ If mail, address: \_\_\_\_\_



**CPC Board Action:**

\_\_\_\_\_ Request Approved

**Comments:**

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\_\_\_\_\_ Request denied

**Comments:**

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Dr. Jeff Randall, Chairman

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Katherine Westmoreland Richards

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Marsha Riggs

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Roger Rutledge

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Bill Sypolt