Community Promotions Foundation
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 Foundation 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

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._____

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2._____

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3._____

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4._____

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Application Special Conditions:
Does this application require any special waivers which 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: _____

CPF Board Action:

_____ **Request Approved**

Comments:

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_____

_____ **Request denied.**

Comments:

_____

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Date: _____

Signed: _____
Chairman

Witness: _____