

SALT LAKE COUNTY  
COUNTYWIDE POLICY  
ON  
CONTRIBUTIONS, IN-KIND ASSISTANCE,  
AND FEE WAIVERS

**Purpose –**

The purpose of this policy is to provide guidelines to process requests from nonprofit entities for money, in-kind assistance, and fee waivers for the benefit of Salt Lake County citizens.

**1.0 Policy**

- 1.1 Salt Lake County may provide money, in-kind assistance, or fee waivers to nonprofit entities if the Council finds that the requested assistance furthers the health, safety, and welfare of county citizens consistent with the County's policy priorities and objectives and subject to budget restraints.
- 1.2 Salt Lake County shall process requests from nonprofit entities in a fair and equitable manner for the benefit of Salt Lake County citizens.

**2.0 Definitions**

- 2.1 Fee Waiver - Any dismissal of required fees for the use of County facilities, property, buildings, equipment, or personnel services.
- 2.2 In-Kind Assistance – A contribution of resources in the form of services or property.
- 2.3 Nonprofit entity – Any benevolent, artistic, educational, philanthropic, humane, patriotic, social welfare, public health, environmental conservation, civic, or other similar organization that is entitled to tax exempt status under the laws of either the United States or the State of Utah.
- 2.4 Public Purpose - Salt Lake County government's authority or responsibility to promote the safety, health, prosperity, moral well-being, peace, order, comfort, or convenience of County inhabitants.

### 3.0 Procedures

- 3.1 A nonprofit entity may request money, in-kind assistance, or a fee waiver by submitting the appropriate application to the Salt Lake County Council or the Salt Lake County Mayor.
- 3.2 An applicant shall set forth the public purpose for which the assistance is requested. The Council may not approve any request for money, in-kind assistance, or a fee waiver if the assistance will result in commercial gain to an organization or to an individual.
- 3.3 The County Council and the County Mayor may set forth specific criteria for considering applications for money, in-kind assistance, or fee waivers.
- 3.4 The Council and Mayor may respond to applications under this policy within ninety days. If the Council or Mayor fails to respond to an application within ninety days, the application shall be deemed denied.
- 3.5 The Council and Mayor may set forth internal policies, procedures, and practices to process requests for assistance.
- 3.6 Requests for money, in-kind assistance, or fee waivers submitted to the Mayor's Office may be forwarded to the Council with the Mayor's recommendation.
- 3.7 All requests for money, in-kind assistance, or fee waivers must be approved by the County Council prior to disbursement. The Council may not approve a request without making a finding that the money, in-kind assistance, or fee waiver will contribute to a public purpose.
- 3.8 All organizations receiving contributions of more than \$2,500 will be required to submit a "Disbursement of Funds Report" within six months of receipt of the contribution outlining what was accomplished with the funds. The report is to be submitted to the Council and Mayor and any failure to submit the report on a timely basis will subject the organization to potential legal action for recovery of the contributed amounts.

### 4.0 Audit

- 4.1 The Council or Mayor may request that the Auditor perform a financial or performance audit on the use of any money, in-kind contribution, or fee waiver contributed under this policy. Any audits performed under this policy may occur within two years from the time the disbursement was made.
- 4.2 An applicant shall agree to submit to an audit as described herein as a part of the application. An application for assistance may not be processed or considered for


approval unless the applicant agrees to submit to an audit as provided on the applicable application form.

5.0 **Budget Appropriations and Disbursement**

- 5.1 Payment of money authorized under this policy shall be made by the Mayor's Office of Financial Administration upon receipt of budget documents establishing that the Council has approved the request in the adopted budget or in a budget adjustment.
- 5.2 Assistance requiring a contract may not be disbursed or provided until the contract has been approved as to form by the District Attorney's Office and entered into by Salt Lake County and the charitable organization.

APPROVED AND ADOPTED in Salt Lake City, Salt Lake County, Utah, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.


SALT LAKE COUNTY COUNCIL

By:   
Steve DeBry, Chair

ATTEST:

\_\_\_\_\_  
Sherrie Swensen  
Salt Lake County Clerk  
Date: \_\_\_\_\_

APPROVED AS TO FORM:

  
Rena Beckstead  
Deputy District Attorney  
Date: 11-1-17



## RECIPIENT ORGANIZATION'S DISBURSEMENT OF FUND REPORT

This report is **REQUIRED** for all **contributions more than \$2,500**.

This report is to be filed with the Council and Mayor's Offices within six months of receipt of the money. If further contributions are desired, the report must be filed with the Council and Mayor by September 1<sup>st</sup> of each year.

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRIBUTION AMOUNT: \_\_\_\_\_

DATE RECEIVED:

Please describe how the money was spent and how this funding contributed to the success of your organization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Recipient \_\_\_\_\_



# APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

.  
. .  
.

TYPE OF REQUEST: Money \_\_\_\_\_ In-Kind \_\_\_\_\_

Have you previously requested money from SLCo?

If yes, when and how much (previous three years)? \_\_\_\_\_

What is the amount of your request? \_\_\_\_\_

The amount you are requesting is \_\_\_\_\_ of your annual agency budget.

What is the purpose of the money you are requesting?:

### PLEASE ATTACH:

Copy of 501(c)(3)

Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

**You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.**

**The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer of employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Applicant \_\_\_\_\_



# APPLICATION FOR FEE WAIVER

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):**

.  
. .  
. .  
. .

Have you previously requested a fee waiver from SLCo?

If yes, when and for what facility? \_\_\_\_\_

What fees are you requesting be waived? \_\_\_\_\_

Fee waiver value \$ \_\_\_\_\_

Please describe your justification for requesting the fee waiver:

**PLEASE ATTACH:**

- Copy of 501(c)(3)
- Flyer, invitation or event announcement
- Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the applicant. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this applicant. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the applicant from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer of employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The grantee is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.00.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ Applicant \_\_\_\_\_