



**Application for City Assistance
(Request for Funds)**

NOTE: If the City is to participate in any project, either monetarily or otherwise, the City should be notified before any final plans are made, or before any contracts are signed. The Council should give prior approval before the project is initiated.

Name of Applicant _____ Date _____

1. TYPE OF APPLICATION (Choose One)

Request for Project Funds Request for Operating or Maintenance Funds

A. Funding Request: _____

Sources of Your Revenue
(Attach Additional Pages if Necessary)

(Source)	(Amount)
<u>City</u> _____	_____
_____	_____
_____	_____
Total:	_____

B. Attach detailed budget from current year, past year, and projected budget year, ideally you will show three years of budget. Show beginning and ending balances.

C. Attach a list of members of your organizational board.

D. Work to be performed by the City. (Give a brief description of work to be performed by city personnel. If none, so state)

2. ORGANIZATION GOALS

Please explain the annual and long-term goals of your organization.

3. NUMBER OF PEOPLE TO BENEFIT FROM USE OF FUNDS REQUESTED BY CITY: _____

Rational used to derive benefit.

**Project Related Request Please Skip to Questions 6 - 11
Operating & Maintenance Assistance Request Continue Below**

4. FINANCIAL ASSISTANCE JUSTIFICATION

Describe the organizational hardship or justification creating the need for financial assistance to support operation and maintenance.

5. IMPACT CLARIFICATION

If the City was to deny or partial fund this request, what would be the resulting impact on the organization's ability to function?

**Project Requests Continue Below. Operating & Maintenance
Assistance Request Skip to Question 12**

6. PROJECT DESCRIPTION

Describe the project and what will be the City's role?

7. PROJECT JUSTIFICATION

How will the money/services of the City be used? (Wages – Purchase equipment, etc.) Why should the City be involved in the project? When will the funds be requisitioned?

8. DURATION OF THE PROJECT

What are the goals of the project and the corresponding time frames?

Goal 1. _____

Goal 2. _____

Goal 3. _____

Goal 4. _____

9. IMPACT CLARIFICATION

If the City was to deny or partial fund this request, what would be the resulting impact on the project?

10. MATCHING FUNDS

What percent of the project funding is being requested from the City? What other organizations are committed or may be involved in the project (please describe the current level of commitment by those organizations).

11. ORGANIZATION SUPPORT

Please attach any support received by other organization partners for this project.

All Applications to Complete the Following Questions

12. OTHER COMMENTS

Please include any additional information you feel the City should consider when reviewing this request.

Chief Executive/Elected Officer

Date