

EST.  1873

CULLMAN

ALABAMA

APPLICATION FOR APPROPRIATION CONSIDERATION

PLEASE BE ADVISED THAT FILING AN APPLICATION FOR APPROPRIATION DOES NOT GUARANTEE THAT FUNDING IS AVAILABLE OR THAT FUNDING WILL BE GRANTED.

AGENCY INFORMATION

Agency Name: _____ Date: _____

Address: _____

Federal ID #: _____

Primary Contact

Secondary Contact

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

INFORMATION RELATED TO REQUEST

Amount Requested: \$ _____

Describe specifically the purpose(s) for which the requested funds would be used.

How would these funds have a direct or indirect impact on Cullman citizens or the general public?

What percentage of your total budget would the City's appropriation be? _____ %

What amount of the City's appropriation would be a match for grant funds? \$ _____

What are the other funding sources? _____

Describe any fundraising activities, if any, and the amount raised from those activities yearly.

Are some proceeds used to make contributions to other agencies? YES NO

If YES, which organization(s) would receive funds? _____

Of the people to whom you offer services, what percentage are Cullman residents? _____ %

Do you serve, or offer your services, to all Cullman residents regardless of their gender, race, religion, national origin, or other protected status? YES NO

If NO, please explain. _____

In addition to your operating budget, what amount does your organization hold in reserve?

\$ _____

DESCRIBE THE MISSION OF YOUR ORGANIZATION. PLEASE INCLUDE PRIMARY PROGRAMS, ACTIVITIES, AND SERVICES YOUR ORGANIZATION PROVIDES FOR THE CITIZENS OF CULLMAN.

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS FORM:

- 1) A copy of your proposed budget.
- 2) A copy of your most recent audited financial statement.
- 3) A copy of your previous year’s budget reconciling budgeted-to-actual revenues and expenditures.
- 4) If your organization is governed by a board of directors, please enclose a resolution adopted by your board supporting the request. The resolution must be signed by the chairman or president of your board. If not governed by a board of directors, please inform us of the authority under which you operate.
- 5) Proof of 501(c)(3) tax-exempt status.
- 6) A copy of your certificate of insurance indicating Worker’s Compensation insurance on your employees, if such insurance is required by law.

ACKNOWLEDGEMENT

I verify that the information contained in this application is true and correct, to the best of my knowledge, and that I am authorized to submit this information. Further, I understand that filing an application for funding is not a guarantee that funding will be available or that any funds will be allocated to this organization. Also, I understand that if an appropriation is granted, it is the responsibility of my organization to make an official request that such funds be disbursed.

Signature of Authorized Representative

Title

Printed Name

SUBMIT COMPLETED APPLICATIONS AND ATTACHMENTS TO:

City of Cullman
ATTN: Wesley M. Moore, City Clerk
P.O. Box 278
Cullman, AL 35055

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED IN OFFICE:

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APPLICATION APPROVED: YES NO

MAYOR

CITY COUNCIL PRESIDENT