



City of Pell City

Application for Funding – FY 2018-2019

Name of Organization/Agency: _____

Mailing Address: _____

Street Address (if different from above): _____

Name & Title of Contact Person: _____

Contact Phone #: _____ Email Address: _____

Federal Tax ID #: _____ Website: _____

Is your Organization/Agency a corporation? _____ If so, is it a non-profit organization? _____

Amount of funds requested: _____

Detailed description of the reason for the requested funds:

Benefits (if any) provided to the Citizens of Pell City, including the number of residents receiving service in the last operating year:

Did you receive funds from the City in previous years? _____ yes _____ no

If so, what year and what were the uses of the funds:



City of Pell City

Application for Funding – FY 2018-2019 (continued)

Who is your Chief Financial Officer: _____ Phone #: _____

In addition to this application, the following items are required:

- an annual budget for the year in which the funds are requested
- most recent tax return
- most recent audited financial statements
- a list of direct funding or in-kind services received from other governmental entities
- any additional information that addresses the priorities set forth in the Appropriation Policy
- if your organization serves a population outside of Pell City, please quantify the proportion of services that benefit the residents of Pell City

I hereby approve the submission and contents of this application and agree that any grant awarded pursuant to this application will be subject to the review of the City and will be administered in conformity with the purposes stated above.

Signature: Jeff Thompson Title: _____ Date: _____