



## City of Pell City

### Application for Funding – FY 2019-2020

Name of Organization/Agency: Jefferson-Blount-St. Clair Mental Health Authority

Mailing Address: 940 Montclair Road, Suite 200, Birmingham, AL 35213

Street Address (if different from above): \_\_\_\_\_

Name & Title of Contact Person: James A. Crego, Associate Director

Contact Phone #: (205) 443-2226 Email Address: jcrego@jbsmha.com

Federal Tax ID #: 63-0592183 Website: www.jbsmha.com

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

Amount of funds requested: \$10,500

Detailed description of the reason for the requested funds:

See attached letter. Funds are used as matching dollars for federal grants  
and to fill gaps in funding.

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

See attached letter. 501 Pell City residents received our services in FY18.

Did you receive funds from the City in previous years? X yes \_\_\_\_\_ no

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

See attached history of clients served and funding for the last ten years.



## City of Pell City

### Application for Funding – FY 2019-2020 (continued)

Who is your Chief Financial Officer: James A. Crego Phone #: (205) 443-2226

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 *- N/A - Do not file a 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:  Title: Associate Director Date: 1/26/19