CITY OF CARROLLTON
COMMUNITY FUNDING ASSISTANCE APPLICATION
FISCAL YEAR 2020-2021

PLEASE REVIEW THE ENCLOSED INFORMATION BEFORE COMPLETING THIS FORM. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

2020-2021 Program Submission Deadline: May 31, 2020

I. Background Information

Organization: _________________________________

Contact Name: _______________________________ Title: _______________________________

Address: ____________________________________________

P.O. Box/Street Address: __________________________ City: __________________ State: ______ Zip Code: ______

Telephone: __________________________ Fax: __________________

E-Mail Address: ________________________________

Website: ______________________________

Number of Staff: __________ Number of Volunteers: __________

Organization Formation Date __________

Is this organization incorporated as a tax-exempt nonprofit organization: Yes ____ No _____ (If No, then it is ineligible to receive City funding.)

Does the organization provide services free from discrimination based on race, color, creed, nationality, sex, marital status, disability, religion, or political affiliation? Yes _____ No ______ (If No, then it is ineligible to receive City funding.)

All organizations that receive funding must be available to serve all residents of Carrollton, regardless of county or school district boundaries. Is your organization able to meet this requirement? Yes ______ No ____

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over $500 with a member of the Carrollton City Council or Neighborhood Advisory Commission during the past 12 months? Yes ___ No ____ If Yes, please briefly describe: ______

________________________________________

Is a member of the Carrollton City Council or Neighborhood Advisory Commission a member of the Board of Directors or an Officer of the organization? Yes____ No____ If Yes, provide Council Member’s Name and title within the organization: __________________________

________________________________________
Briefly describe the goals and objectives, or mission, of your organization.________________________________________________________

________________________________________________________

________________________________________________________

II. Financial Information

Amount of funding requested: $________________ (Maximum allowable: the greater of $10,000 or 10% of operating revenues)

Intended Use for Funds (provide details)________________________________________________________

________________________________________________________

Describe the impact on services if only partial funding level is available____________________________________________________

________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year 2020 (Budgeted)</th>
<th>Fiscal Year 2021 (Projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating Revenues:</td>
<td>$________________</td>
<td>$________________</td>
</tr>
<tr>
<td>Total Operating Expenses:</td>
<td>$________________</td>
<td>$________________</td>
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<tr>
<td>Total Operating Fund:</td>
<td>$________________</td>
<td>$________________</td>
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What percentage of the organization’s annual revenues does this funding request represent? ___%

Is/has the organization receiving/received any support in the form of in-kind services (i.e. event support) from the City of Carrollton? Yes ____ No ____ If yes, provide detail:________________________________________________________________________________________________________
III. Scope of Service/Community Involvement

How many Carrollton residents did you directly provide services to in the past year? ______________________

What services does your organization provide to Carrollton residents? ________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Explain how the grant funding will specifically benefit Carrollton residents. ____________________________

________________________________________________________

________________________________________________________

________________________________________________________

*IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE ANSWERS ON A SEPARATE PAGE*

IV. Insurance Information

Will your agency be able to provide proof of the required insurance as noted in Article 4 of the funding contract? Yes _____ No _____

V. Signature/Certification:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursement requirements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Carrollton.
- Funding is not immediately available to the recipient; and requires completion of a contract upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Carrollton.

I hereby certify the information contained in this application is true to the best of my knowledge and belief.

Name and Title (Please print) ___________________________ Date _____________________________

Signature


GUIDELINES FOR SUBMITTING FUNDING ASSISTANCE REQUEST

Please complete the application form and attach the following information:

- Literature about the organization
- Annual budget and operating report (summary of funding sources, services and activities)
- Audit report or financial statements containing statement of assets, liabilities and fund balances
- A copy of all state and/or federal tax exemptions
- A copy of the first page of the most recent IRS Form 990. IRS Form 990 is a public record.
- Print out of Status Verification from Internal Revenue Service’s website [http://apps.irs.gov/app/eos/](http://apps.irs.gov/app/eos/)
- List of board of directors, officers and staff
- List of top five funding sources

One (1) copy of the completed application form and all attachments are requested. Please submit double-sided copies when possible.

Application packets must be submitted by May 31, 2020.

City of Carrollton
Budget & Management Analysis
Attn: Melissa Everett
P.O. Box 110535
Carrollton, Texas 75011-0535

For questions, please contact:

Budget & Management Analysis
(972) 466-3526 phone
(972) 466-3535 fax
ManagementAnalysis@cityofcarrollton.com

Thank you for your interest and cooperation.