

City of Decatur
Application for Appropriation Consideration
Annual deadline for submission of this application is July 1

Agency Name: _____

Address: _____

Primary Contact

Secondary Contact

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Please attach a statement to this application describing the mission of your organization, the primary programs and activities of your organization and the services it provides to the citizens of Decatur.

What is the amount of your request? _____

Describe specifically what the requested funds will be used for? _____

How will the proceeds of the requested monies have a direct or indirect impact on the citizens of Decatur or the general public? _____

The City's appropriation would be what percentage of your total budget? _____

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

What are your other funding sources? _____

Describe any fund raising activities if any, and the amount of monies raised yearly. _____

Are some of the proceeds of your organization used to make a contribution to another agency? _____

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

What percentage of your target audience are Decatur Residents? _____

Do you serve or offer your services to all of our community including all ethnic groups? _____

If "No", please explain. _____

What amount does your organization hold in reserves? _____

Along with this form, please provide the following:

- 1) A copy of your proposed budget
- 2) A copy of your most recent audited financial statements
- 3) A copy of your previous year 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 and 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) Provide a copy of your certificate of insurance indicating Worker's Compensation insurance on your employees, if such insurance is required by law.

Submit your completed request to:

City of Decatur
Attention: Linda McKinney
Finance Supervisor
P.O. Box 488
Decatur, AL 35602