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

gency	Name:	
ddress	::	
	Primary Contact	Secondary Contact
ame:		Name:
itle:		Title:
hone:		Phone:
Email:		Email:
low will	the proceeds of the requested	monies have a direct or indirect impact on the citizens
f Deca	tur or the general public?	
he City	's appropriation would be what	percentage of your total budget?
Vhat an	nount of the City's appropriation	n 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 come of the presented of your expeniention used to realize a contribution to exact or			
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