



**City Council Discretionary Funds Grant Program**

Organization/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Brief Description of organization and the services/programs that are provided within the City:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current year annual budget: \_\_\_\_\_

Current year budget summary identifying revenues & expenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Audit Requirement (Y/N): \_\_\_\_\_

Provide list of Board of Directors, key officers, and active volunteers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is Board selected and by whom?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grant request amount (\$): \_\_\_\_\_

Will these grant funds support an existing program or be used to start a new program:

\_\_\_\_\_



Describe in detail how grant funds will be used:

---

---

---

---

---

---

---

Describe in detail why we need this program:

---

---

---

---

---

---

---

How many persons will benefit from these grant funds: \_\_\_\_\_

How many Evans residents have received services from this program during the past year? \_\_\_\_\_

Where will these services be based? \_\_\_\_\_

Will the grant cover all costs of the program (Y/N)? \_\_\_\_\_

If not, where will the balance of the funds come from?

---

---

---

Required Attachments:

- 1. Copy of non-profit documentation.
- 2. Financial statement for most recently completed fiscal year.

This application was completed by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_