



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.
3. Prior year recipients must provide documentation of how grant funds were utilized.

This application was completed by: _____

Authorized Signature: _____ Date: _____