

**CITY OF CARROLLTON
COMMUNITY FUNDING ASSISTANCE APPLICATION
GENERAL FUND**

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

I. Background Information

Organization: _____

Contact Name: _____ Title: _____

Address: _____
P.O. Box/Street Address City State Zip Code

Telephone: _____ Fax: _____

E-Mail Address: _____

Number of Staff: _____ Number of Volunteers: _____

Tax-Exempt Organization: Yes _____ No _____

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 _____

II. Financial Information

Amount of funding requested: \$ _____

(Please note that all funding will be disbursed on a quarterly basis. The first disbursement will coincide with the beginning of the fiscal year; all subsequent disbursements will be made upon receipt of the Social Services Quarterly Report.)

Intended Use for Funds (provide details) _____

Describe the impact on services if only partial funding level is available _____

	Fiscal Year 2015 (Budgeted)	Fiscal Year 2016 (Projected)
Total Operating Revenues:	\$ _____	\$ _____
Total Operating Expenses:	\$ _____	\$ _____
Total Operating Fund Balances:	\$ _____	\$ _____

What percentage of the organization's annual revenues does this funding request represent? _____%

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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?

*****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 _____

I certify that the above information is correct and true to the best of my knowledge.

Name and Title (Please Print)

Date

Signature

Please submit your request to:

**CITY OF CARROLLTON
BUDGET & MANAGEMENT ANALYSIS
Krystle Nelinson
P.O. BOX 110535
CARROLLTON, TX 75011-0535**

Thank you for your interest and cooperation.