

City of Cullman
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 be advised that filing an application for an appropriation does not guarantee
either that funding is available or that funding will be granted.**

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 Cullman.

What is the amount of your request? _____

Describe specifically for purpose what the requested funds would be used:

How will the proceeds of the requested monies have a direct or indirect impact on the citizens of Cullman or to 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 the people to whom you offer services are Cullman residents? _____

Do you serve or offer your services to all Cullman residents, regardless of their gender, race, religion or national origin? _____

If "No", please explain. _____

In addition to your annual operating budget, 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) Proof of 501 (c)(3) tax-exempt status;
- 6) Provide a copy of your certificate of insurance indicating Worker's Compensation insurance on your employees, if such insurance is required by law.

I understand that filing an application for funding is not a guarantee that funding will be available or that any funds will be allocated to this organization.

Signature of Authorized Representative

Submit your completed request to:

Attention: Wesley M. Moore, Interim City Clerk
City of Cullman
P.O. Box 278
Cullman, AL 35055

APPROVED:

Max A. Townson, Mayor

City Council President