Community Appropriations Application

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| Applicant Information |
| |  | | --- | | Name of Entity w/Request: | | Date of Request: |  |  |  | | --- | --- | | Contact Name: | Phone Number: | | Address: | City, State, Zip: |  |  | | --- | | Email address: | | Appropriation Amount Requested: | | Estimated served through funding: | | Location(s) served through funding: |  |  | | --- | | Describe your Entity and its Services: | |  | |
| Description of Need |
| |  | | --- | | Describe your appropriations need and why it merits support: | | Please indicate type of organization from list below: |  |  | | --- | | A. Education B. Civic/Community C. Arts and Culture D. Health/Welfare | |  |  |  |  |  | | --- | --- | --- | | City Council Use Only: |  |  | | Approval Name: | Approval Signature | Date: | |  |  |  | |