Community Appropriations Application

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| Applicant Information  |
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| Name of Entity w/Request: |
| Date of Request:  |

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| --- | --- |
| Contact Name: | Phone Number: |
| Address: | City, State, Zip: |

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| --- |
| Email address: |
| Appropriation Amount Requested: |
| Estimated served through funding: |
| Location(s) served through funding: |

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| --- |
| Describe your Entity and its Services: |
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 |
| Description of Need |
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| Describe your appropriations need and why it merits support: |
| Please indicate type of organization from list below: |

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| A. Education B. Civic/Community C. Arts and Culture D. Health/Welfare |
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| City Council Use Only: |  |  |
| Approval Name: | Approval Signature | Date: |
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