

CITY OF LAWNSDALE
Application For City Funds

Section 1: About the Organization or Applicant

1. Organization/Applicant Name _____

2. Address _____

3. List the names, addresses and telephone numbers of the contact person(s) regarding this application:

Name/Address

Phone #

_____	_____
_____	_____
_____	_____
_____	_____

4. List the officers of your organization:

Name

Title

Phone #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. State the primary purpose and/or mission of your organization or activity:

6. Briefly describe how your organization works to achieve its purpose and/or mission:

Section 2: About the Activity or Event to be Funded

7. For what specific event/activity are the funds requested?

8. If awarded, how will the grant funds be used?

9. What is the specific date(s) of the event/activity?

10. Is the above-referenced event/activity new, or is it a continuation of an existing on-going event/activity (one that has happened before)?

11. How many Lawndale residents will this event/activity benefit? (An approximation is acceptable.)

12. How will this event/activity benefit the Lawndale community?

Section 3: Financial Issues

14. Amount of Grant you are requesting: \$_____ (Note: Maximum grant is \$1,000 per organization and \$250 per individual.)
15. What is the budget for your specific event/activity? \$_____
16. What is the total annual budget for your organization? \$_____
17. Please identify the source(s) of matching funds and attach documentation to confirm:
18. Please describe/demonstrate your or the organization's financial need:
19. Have you or your organization received City funds in the past? If yes, please list each year and the dollar amount received in the past 5 years:

20. Please complete the attached "Financial Report Estimate for Period Ending June 30, 20__" and "FY 20__-20__ Operating Statement" forms.
21. Please provide any additional information which you feel would be helpful to the City for consideration of your City funding application.

To the best of my knowledge, this Application is a true and accurate statement.

(Date)

(Signature)

(Printed Name)

ORGANIZATION NAME _____

FINANCIAL REPORT
ESTIMATE FOR PERIOD ENDING June 30, 20__
ENDING CASH BALANCES

<u>BANK NAME</u>	<u>BALANCE</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL CASH	\$ _____

BALANCE SHEET

<u>ASSETS</u>		<u>LIABILITIES & EQUITIES</u>	
Cash	\$ _____	Accounts Payable	\$ _____
Accounts Receivable	\$ _____		
TOTAL	\$ _____	Net Worth	\$ _____

