

Preliminary Request for Sales Tax Revenues

Organization Information

Date of Application: _____

Legal Name of Organization		Telephone	
Mailing Address	City	State	Zip
Name of top paid or unpaid staff member (president, executive director or chairman)		Title	Telephone
Contact Person (if different from executive director above)		Title	Telephone

Is your organization an IRS 501 (c)(3) not-for-profit? yes no
If no, is your organization a unit of government? yes no

Amount and Type of Support Requested

The dollar amount being requested: \$ _____
Funds are being requested for (check where appropriate)
 general operating support technical assistance
 start-up costs capital
 project support other _____

If a project, give project duration month year to month year
If operating support, fiscal year: month year to month year

Budget

Total annual organizational budget: \$ _____
Current sources of income _____
Annual amount of current sources of income \$ _____

Proposal Summary

(If operating or other support, relate to the organization. If project support, relate to the project.)

Project name (if applying for project support): _____
Please give a brief summary of the request:

Geographic area served:

Population served:

Authorization

Name of top paid staff or board chair (please type): _____

signature _____

You must include the following in order to be considered for a grant:

1. List of board members and their affiliations.
2. Organizational and/or project budget.

**Return this completed form
to city auditors office.**