

COMMUNITY SERVICE PROGRAM FUNDING REQUEST TO THE CITY OF HESSTON, KANSAS

SUBMITTED TO:

COMMUNITY SERVICE PROGRAM ADVISORY BOARD

(You must be a qualified 501(c)(3) organization or governmental entity to which contributions are exempt within the meaning of Section 170(c)(1) of the Internal Revenue Code.)

Agency/Entity: _____

FEIN or Tax ID: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Amount Requested: \$ _____

(Six (6) completed sets of this form are due at the Hesston City Office no later than November 1st of each year. Grant awards are determined by the City Council at its meeting in December.)

1. What is your mission statement? (Summarize if longer than the allotted space.)

2. Give a brief description of the program that you want funded with the specific objectives of the program. (Attach an additional page if more space is needed.)

3. Will you be able to continue this program without funding?

4. Briefly describe other programs you will be conducting in the City of Hesston, Kansas during this year.

5. Are your programs duplicated by other agencies in the City of Hesston, Kansas?

No Yes If yes, briefly describe how.

6. What is your total annual operating budget and briefly describe your source of funds?

7. What percentage of your operating budget is funded by other governmental organizations during the past fiscal year?

Federal: _____% State: _____% County: _____% City: _____%

8. What percent of your annual operating budget is funded by private donations? _____ %

9. List two key persons who could be contacted about this application other than the contact person.

Name (Printed): _____ Name (Printed): _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

E-mail: _____ E-mail: _____

Signature

Date