



CITY COUNCIL APPLICATION FOR DISCRETIONARY FUNDING

ORGANIZATION INFORMATION (PLEASE PRINT)

Name of organization: _____

Tax I.D. #: _____

Amount requested: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Type of Organization: (CHECK ONE)

- For Profit Corporation/LLC Sole Proprietor Partnership
 Not-For-Profit Corporation Not-For-Profit Organization/Association

CONTACT INFORMATION

Name: _____

E-Mail: _____

Address: _____

Phone number: _____

Office held at organization: _____

Please email the application to: www.citycouncil@cityofmobile.org

Mail to:

Attn: City Council Office; P.O. Box 1827, Mobile, Al 36633-1827

***Once the application is received, it will be forwarded to the appropriate
City Councilmember for approval***

Please note: payment processing may take up to 5 weeks