

**CITY OF MOBILE
APPLICATION FOR DISCRETIONARY FUNDING
AND BUDGET JUSTIFICATION**

I. ORGANIZATIONAL INFORMATION

- A. Name of Organization _____
Tax I.D. _____ **(Required)** Entity I.D. _____
- B. Mailing Address: _____
City: _____ State: _____ Zip: _____
- C. Telephone: _____ Fax: _____ E-mail: _____
- D. Type of Organization: (CHECK ONE)
- For-Profit Corporation/LLC Sole Proprietor Partnership
- Not-For-Profit Corporation Not-For-Profit Organization/Association

PLEASE ATTACH ANY DOCUMENTATION OF NON-PROFIT STATUS, IF APPLICABLE

II. CONTRACT INFORMATION

- A. Contract Manager: _____ E-Mail: _____
- B. Contract Type: (CHECK ONE) City-Sponsored Arts and Culture
 Sports and Recreation Economic Development
 Social Services; Other
- C. Statistical:
1. Total client population to be served _____
 2. Percentage of client population served that are Mobile residents _____ %
 3. Percentage of client population that is socially and economically disadvantaged: _____ %
 4. How successful are you at reaching your targeted communities to offer organizational services?

III. PROGRAM INFORMATION (attach additional sheets if necessary)

A. Organizational Purpose

B. Activities and services to be provided through this contract (attach additional sheets if necessary), including budget justification

C. How do you determine whether or not these events are successful?

D. What sets you apart from other agencies offering similar services?

E. What is your impact on the City of Mobile?

F. Which other agencies does your organization coordinate with to deliver services?

IV. FINANCIAL INFORMATION

- A. Organization’s Fiscal Year Ending: _____
- B. Amount Requested from the City: \$ _____
- C. Percentage of revenues from City compared to total revenues received _____ %
- D. Plan for reduced City support or self-sufficiency:

E. Include the following with your request:

1. **Most recent annual financial report, audited or unaudited, if any (unaudited financial statements should include a Balance Sheet and an Income Statement/Profit & Loss Statement)**
2. **Proposed Budget for the upcoming fiscal year**
3. **If applicable, a copy of all available non-profit documentation (Secretary of State or Probate Court Organizational filings, enabling legislation or resolution, 501-c3 certification, etc.), even if you have previously submitted it.**
4. **A brief analysis of the funds you received from the most recent Performance Contract (if applicable); i.e., How much did you receive and how did you spend it?**
5. **A copy of your W-9 form, even if you have previously submitted it. All groups must have and provide a Tax ID/EIN Number. These may be obtained online through the IRS EIN Application or by filing IRS form SS-4. The City cannot provide legal/accounting advice for this.**

V. CONFLICT OF INTEREST

The following City government or public officials have either (1) an interest, directly or indirectly, in this contract or the work or service to be performed, or (2) are employed in any capacity by this organization, corporation, or group, or (3) serves as an officer, director, or agent of this organization, corporation, group, or other entity: **(Please indicate 'None' if applicable.)**

<u>Name</u>	<u>Position in public organization or government</u>	<u>Position in Contract Organization</u>

The Alabama Ethics Law, Code of Alabama 1975, Section 36-25-9(c) states, “No member of any county or municipal agency, board, or commission shall vote or participate in any matter in which the member or family member of the member has any financial gain or interest.”

Submitted by: _____ Title: _____
(PRINT YOUR NAME)

Signature: _____ Date: _____
(SIGNATURE HERE)