



## City of Winter Haven Application for Donation/Grants Fiscal Year

Agency/Organization Name:

Location:  Telephone:

Mailing Address:

Telephone:  Director:  Title:

Month and Year Agency/Organization Created:

Agency/Organization's Non-Profit Number as Registered with the Florida Secretary of State:

(provide a copy)

Agency/Organization's IRS Non-Profit Number:

(provide a copy)

Please indicate which of the following categories you believe your agency/organization's function would best fall within:

- |                          |             |                          |                  |
|--------------------------|-------------|--------------------------|------------------|
| <input type="checkbox"/> | cultural    | <input type="checkbox"/> | environmental    |
| <input type="checkbox"/> | historical  | <input type="checkbox"/> | economic         |
| <input type="checkbox"/> | educational | <input type="checkbox"/> | crime prevention |

### Description of Agency/Organization Program

Time frame for which funding is to be used for program:

Start-up date:

Completion date:

Amount requested for this program from the City:

1. Agency/Organization description (please include a brief description including mission statement, and local history):

2. What plans have been made for the donation/grant if received: (How will donation/grant funds be utilized)

3. What will the donation/grant funds help your agency/organization accomplish?

4. What other agencies/organizations fund your activities? (Express in \$'s and %'s)

5. How will the community benefit from the use of public funds to assist your agency/organization? (Please describe the benefit to the community/public purpose)

6. Attach a copy of the latest adopted budget of your agency/organization. Also attach a copy of the agency/organization by-laws.

\_\_\_\_\_  
Signature of person making application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name of person signing

\_\_\_\_\_  
Title