



FY 2019 Annual Grant Application

(Agency Name)

(Executive Director)

(Contact Person)

(Mailing Address)

(Phone Number)

2019 City Grant Request:

2018 City Grant Allocation:

(Excludes Special Appropriations)

Dollar (+/-) Over Last Year's Allocation:

Percent (+/-) Over Last Year's Allocation:

For City of Tuscaloosa Use:

2019 Actual City Grant Allocation:

NOTICE: Applicant understands that the City of Tuscaloosa, as a condition of funding, may require data to be submitted to the City of Tuscaloosa in a standardized format, which will aid in efficiencies in review and compliance. Protected information will not be required by the City of Tuscaloosa.

For more information regarding standardized data formatting, please contact:

Chuck Crocker, Chief Information Officer

Phone: (205) 248-5053

ccrocker@tuscaloosa.com.

Document Checklist

Place each Exhibit after last page of Grant Application

1 copy of each Exhibit and Grant Application

Exhibits	(√)
Exhibit A. New and Expanded Programs Give program name, summary and specifics on how increased funding dollars will be used to better serve the community. Will your City of Tuscaloosa funding increase be used to expand these programs?	<input checked="" type="checkbox"/>
Exhibit B. Increase in Funds? Explain. Give explanation for why requested funds are increased and specifically how the funds will be used.	<input type="checkbox"/>
Exhibit C. 2018 Fundraising/Event Form (Attached) Include every fundraiser/event in 2018. Make sure to include final gross amount of proceeds on form.	<input type="checkbox"/>
Exhibit D. 2018 Funds from Other Governments and 2019 Requests from Other Governments	<input type="checkbox"/>
Exhibit E. Most recent Board of Directors Include all Board Members contact information including email address and place of employment.	<input type="checkbox"/>
Exhibit F. Agency Staff/Administration Include all agency staff/administration with their email address.	<input type="checkbox"/>
Exhibit G. Organizational Changes Provide information on any upcoming major organizational changes or additional information that has been voted on by your board for the next three years.	<input type="checkbox"/>
Exhibit H. Provide a List of Investments Include an explanation of each. Also include agency operating reserves.	<input type="checkbox"/>
Exhibit I. Co-Signer Statement Provide a statement that the agency requires an officer of the agency's board to co-sign all checks. However, if an agency has submitted an audit to the City, it is not required to submit this statement or engage in such practice.	<input type="checkbox"/>
Exhibit J. Certification Statement Provide a written certification that a copy of the agency's financial and annual report, including the management letter, is on file at the Tuscaloosa Public Library for public viewing.	<input type="checkbox"/>
Exhibit K. Current Annual Report	<input type="checkbox"/>
Exhibit L. Budget for 2017, 2018 and 2019 (proposed) Include explanations for increases and decreases.	<input type="checkbox"/>
Exhibit M. 2017 or Latest Audit (1 Copy Only) Review if between \$25,000 and \$50,000; Compilation if less than \$25,000.	<input type="checkbox"/>

City of Tuscaloosa Common Application Form

Administrative Information

1. Legal Name of Applicant Organization:

Note: Legal name should be same as on IRS determination letter.

2. EIN: _____ 3. Year Founded: _____ 4. Current Year Operating Budget: _____

5. Web Site: _____

6. Executive Director:

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

7. Primary Contact Person (if different from the Executive Director):

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

8. Has the City of Tuscaloosa allocated funds to your organization in the past? If so, please list the amounts for the last three years.

9. Executive Director (print): _____ Date: _____

Signature: _____

Note: Signatures indicate that the document was reviewed and approved by the Board of Directors who is solely responsible for the content and accuracy of information.

Administrative Information

10. Provide a brief agency history and state the agency's mission statement.

11. Board/Staff Composition:

		Gender			Race			
		Male	Female	Total	White	Black	Other	Total
Board								
Staff								

12. Total Unduplicated Clients Served:

Note: If your agency can NOT document unduplicated clients served, you can NOT count them.

Last Year Actual 2017	This Year Projected 2018	Next Year Proposed 2019

Fundraising/Event Information Form

Agency Name: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____