



# Request for Funding

Pillar:

Initiative Name:

Project Name:

Project Total Cost:

Amount Requested:

First Request? (Y/N):

One-time disbursement? (Y/N):

If multi-year, indicate how many years:

**Primary Contact** (name, phone & email):

**Secondary Contact** (name, phone & email):

**Project Description** (ie. Background information, project design, committee members, collaborative partnerships, etc.):

**Project Timeline** (ie. Fundraising, implementation, etc.):

**Area(s) / People Served** (ie. target audience, geographic region, etc.):

**Expected Results/Outcomes/Measurables** (ie. in what way will success be determined?):

**Supporting Documents** (ie. identify & attach maps, photos, quotes/bids, documentation, etc.):

<b>Revenue</b>	<b>Year 1:</b>	<b>Year 2:</b>	<b>Year 3:</b>
General Contributions			
Grants			
Corporate Funds			
City Funds			
Federal Funds			
Other:			
Other:			
<b>TOTAL</b>			

<b>Expenses</b>	<b>Year 1:</b>	<b>Year 2:</b>	<b>Year 3:</b>
Personnel			
Facility			
Professional Fees			
Marketing/PR			
Technology			
Printing/Postage			
Supplies			
Other:			
Other:			
<b>TOTAL</b>			

*NOTE: Expenditures under \$1000 may be made without seeking multiple bids. Expenditures over \$1000 require written record of competitive bids (if not possible, please explain). Documentation that supports other funding sources should also be included*

**Budget Narrative** (ie. explain unusual or large expenses/revenues, indicate plans to obtain other funding and/or in-kind contributions, describe upkeep/ongoing maintenance requirements & responsibilities, or any other information you feel will be essential to understanding the budget, etc.):

**Other information not already addressed above?**

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair/Co-Chair Signature (must be an Implementation Committee member)

Funding Payable To: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address:

**Note: Submit completed application to the Implementation Committee Chair (email4tonja@gmail.com). Or mail to:  
Grow Grand Island, 309 West 2<sup>nd</sup> Street, Grand Island, NE 68802-1486**

..... **For Office Use Only** .....

Approved?  Yes  No  Yes, but partially in the amount of: \_\_\_\_\_

City Funds?  Yes  No *If yes, signature by an authorized city official is required.*

\_\_\_\_\_  
Grant Committee Chair Date

\_\_\_\_\_  
Finance Committee Chair Date

\_\_\_\_\_  
*Authorized City Official (if applicable)* Date

\_\_\_\_\_  
Executive Committee Chair Date