

**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.):

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue | Year 1: | Year 2: | Year 3: |
| General Contributions |  |  |  |
| Grants |  |  |  |
| Corporate Funds |  |  |  |
| City Funds |  |  |  |
| Federal Funds |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| TOTAL |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Year 1: | Year 2: | Year 3: |
| Personnel |  |  |  |
| Facility |  |  |  |
| Professional Fees |  |  |  |
| Marketing/PR |  |  |  |
| Technology |  |  |  |
| Printing/Postage |  |  |  |
| Supplies |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| TOTAL |  |  |  |

*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 2nd 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.*

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Grant Committee Chair Date Finance Committee Chair Date

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*Authorized City Official (if applicable) Date* Executive Committee Chair Date