



## Community Contributions Application Form

Please review the Guidelines before completing this application. **Applications are DUE October 15.** Please submit this form as a Word document by email to: [contributions@moabcity.org](mailto:contributions@moabcity.org).

Please note that Special Event Sponsorships will entail a separate application process, which will be available November 1 with a February 1 deadline.

### Organizational Information

Full Legal Name of Requesting Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Common Name of Organization: \_\_\_\_\_

Street and Mailing Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief Executive's Name, Title, phone and email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email \_\_\_\_\_

Is your organization a 501(c)(3) nonprofit? (  Yes or  No ) If not, explain your nonprofit status.

Year organization incorporated: \_\_\_\_\_

Number of full-time-equivalent paid staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

### Project Information

Name of Project for which you are requesting funds: \_\_\_\_\_

Project Leader: \_\_\_\_\_

Project Service Area (City, County-wide, Regional, etc.): \_\_\_\_\_

Population Served (youth, seniors, etc.): \_\_\_\_\_

Approximate number of persons served by this project: \_\_\_\_\_

Duration of Project (short-term or on-going?): \_\_\_\_\_

Please describe the need for this project in 100 words or less (*Identify the needs your agency or this proposal will address. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.*)

Description of Project (200 words or less) (*Please describe how your proposal will address identified needs, including projected goals, objectives, timeline, anticipated impact. How will you monitor your work and how will you measure success or effectiveness?*)

### **Financial Information**

For this project, dollar amount requested: \$ \_\_\_\_\_

Total Project Cost (from table below): \$ \_\_\_\_\_

Date funds are needed (must be used within one year of award date): \_\_\_\_\_

In the table below, please describe your overall budget for this project.

<b>Expense Category</b>	<b>Approximate Cost</b>
Personnel	
Equipment	
Other (advertising, etc.)	
<b>TOTAL PROJECT COST:</b>	

Describe other potential and actual sources of support for this proposal (50 words or less).

Where do you expect to find future support?

Has your organization received funding from the City of Moab in the past three years? This includes fee waivers and in-kind donations (please describe).

### **Checklist:**

- Financial and Background information: Please attach one page which briefly describes actual income and expenses for your organization as a whole for the past two complete years; funding sources and amounts received from these sources over the past two years (not individual donor names); and your organization's current year operating budget. Optionally, this page may include general background information and accomplishments of your organization.
- Is this application form complete? If you have questions, please email them to [contributions@moabcity.org](mailto:contributions@moabcity.org). **Email your application package to this address by October 15.**
- Proof of 501(c)(3) status with a copy of the IRS determination letter or other documentation proving registration as a Utah Charitable Organization.
- Does your application clearly state the benefits to be derived by the residents of Moab if funds are awarded? Specify the number of residents by age group to be served, and outline your organization's history of providing community services to the residents of Moab, and explain your organization's financial need for public funds.