



# City of Lake City

205 North Marion Avenue | Lake City, Florida 32055  
Phone: (386) 758-5427 | Email: communityfundingrequest@lcfca.com

## APPLICATION GRANT FOR FUNDING

Revised 2023

Date Received: \_\_\_\_\_

Application No: \_\_\_\_\_

Completed applications and requested documentation must be received by the City of Lake City by 5pm on XXXXXXXX

### SECTION I: CATEGORIES (Please check one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Youth / Senior Services | <input type="checkbox"/> Cultural        | <input type="checkbox"/> Economical                    |
| <input type="checkbox"/> Social Service          | <input type="checkbox"/> Historical      | <input type="checkbox"/> Enviromental                  |
| <input type="checkbox"/> Educational             | <input type="checkbox"/> Public Safety   | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Athletic                | <input type="checkbox"/> Social Services |  |

### SECTION II: EVENT/ORGANIZATION CONTACT NFORMATION (Please complete)

Organization/Applicant Name: \_\_\_\_\_

Event/Description: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Event Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (\$5,000.00 maximum)

Application must be submitted with:

- Copy of Organization's current IRS form 990.
- Summarized copy of your Organization's Operating Budget for the current year.
- Supply one year of the organizations bank statements.
- Minutes from organization with the approval of the board to request funds.
- Current 501(c)(3) certificate
- Copy of Organization's W-9

Are you a Charitable/Non-Profit Organization? If yes, FL State Tax Exempt #: \_\_\_\_\_

\*\*\*Please provide a copy of your current 501(c)(3) certificate with this Application Certificate included?  No

### SECTION III: ORGANIZATION INFORMATION (Please complete each item. Failure to do so will result in a incomplete application.)

How long has your organization been in existence? \_\_\_\_\_ (two year minimum required to qualify for funding)

Date organization was established: \_\_\_\_\_

Florida Department of State Registration Number: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Has your organization been funded by the City of Lake City previously? \_\_\_\_\_  
If yes, when and how much? \_\_\_\_\_

Has your organization received federal or state funding in the last 18 months?  
If yes, when and for how much? \_\_\_\_\_

What is your organization's fiscal year? \_\_\_\_\_ to \_\_\_\_\_

For the current fiscal year, what is the estimated annual operating budget of your organization? \_\_\_\_\_

How many paid employees/ volunteers assist your organization? \_\_\_\_\_

What is the overall purpose and / or goal of your organization? \_\_\_\_\_

Describe how your organization is managed and/or governed. \_\_\_\_\_

Briefly describe the activities and/or services of your organization: \_\_\_\_\_

Clearly and plainly state the specific, detailed need for the requested funds: \_\_\_\_\_

How will the funds be utilized? \_\_\_\_\_

What will the funds help your organization accomplish? \_\_\_\_\_

Who is your target population? \_\_\_\_\_

What Impact will the requested funds have on the community? \_\_\_\_\_

What other organizations are you seeking funding from for this project? \_\_\_\_\_

Does your organization currently receive funding from other agencies? If yes, list who it is from, and the amount received. \_\_\_\_\_

Projected start and completion dates:	Start	Completion
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Impact and results: Describe the benefits or impacts resulting from the requested funds, including how you intend to measure the impact. \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Electronic Submittal**

By checking this box, typing your name in the applicant signature field (s), and submitting this form electronically (via email), you affirm all information contained within this document was completed truthfully, and to the best of your knowledge, and you understand your electronic signature is considered legally binding the same as signing your physical signature by hand.

FOR OFFICE USE ONLY

Total Awarded \$ \_\_\_\_\_

Purchase Order Number Requesting Check \_\_\_\_\_

All documentation submitted:

Level 2 Background Screening completed: