

CITY OF BILOXI ~ REQUEST FOR FUNDING 2015-16 ~ Non-Departmental Application



(1) Many organizations do great work in Biloxi, however, the availability of funds is a major factor in determining whether requests are fully funded, partially funded, or not funded at all. (2) This application must be completed and submitted by **OCTOBER 9, 2015** to be considered for funding; **NO EXCEPTIONS.**

| | |
|--|----------------|
| NAME OF ORGANIZATION | |
| MAILING ADDRESS OF ORGANIZATION | |
| CITY | STATE ZIP |
| EXECUTIVE DIRECTOR <u>or</u> CHIEF EXECUTIVE OFFICER | |
| MAILING ADDRESS | |
| CITY | STATE ZIP |
| PHONE NUMBER | E-MAIL ADDRESS |

MISSION STATEMENT OR PURPOSE FOR EXISTENCE Type or print clearly

**LIST FUNDING SOURCE AND AMOUNT FOR LATEST FISCAL YEAR (2013)
IF THE SOURCE ACCOUNTS FOR 5% OR MORE OF THE BUDGET**

| SOURCE | AMOUNT |
|----------|--------|
| SOURCE 1 | AMOUNT |
| SOURCE 2 | AMOUNT |
| SOURCE 3 | AMOUNT |
| SOURCE 4 | AMOUNT |
| SOURCE 5 | AMOUNT |
| SOURCE 6 | AMOUNT |
| SOURCE 7 | AMOUNT |
| SOURCE 8 | AMOUNT |

| AMOUNT YOU ARE REQUESTING | Percent of Fiscal Year 2013's budget used for Administrative Costs? | ___ % |
|---------------------------|---|-------|
|---------------------------|---|-------|

| | |
|--|-----------------------|
| BUDGET FOR <u>LATEST FISCAL YEAR 2014</u> | AMOUNT |
| TOTAL REVENUE FOR FISCAL YEAR <u>2014</u> | AMOUNT |
| TOTAL EXPENSES FOR FISCAL YEAR <u>2014</u> | AMOUNT |
| AMOUNT OF BUDGET FOR MATCHING FUNDS | AMOUNT |
| DO YOU RECEIVE FUNDS FROM <u>OTHER</u> CITIES OR THE COUNTY? | TOTAL AMOUNT RECEIVED |

NOTE: Most nonprofits will not have information for Fiscal Year 2015 by the submission deadline at the end of July. Consequently, the latest Fiscal Year's information requested is 2014. (Typically, audit results for the Fiscal Year are not available for most not-for-profits until September or October.)

Note: ALL CHARITABLE ORGANIZATIONS ARE REQUIRED TO REGISTER WITH THE SECRETARY OF STATE'S OFFICE AND RENEW YEARLY. Certain types of organizations are exempt from registration, but are required to file a notice of exemption with the Secretary of State's Office. If an organization is a nonprofit corporation, it must file its formation document with the Filing Services Unit of the Business Services Division. **888.236.6167** or **601.359.1371**

| | |
|--|-------------|
| PROVIDE FILE NUMBER IF REGISTERED WITH THE SECRETARY OF STATE'S OFFICE | FILE NUMBER |
|--|-------------|

| | | | | |
|---------------------------------------|---------|--------------------------|----------|--------------------------|
| CHECK (X) IRS FORMS FILED ANNUALLY... | IRS 990 | <input type="checkbox"/> | IRS 990T | <input type="checkbox"/> |
|---------------------------------------|---------|--------------------------|----------|--------------------------|

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If downloaded from www.biloxi.ms.us: (A) Save it to your desktop, then (B) Open the Excel form (C) Note the two tabs as the bottom, Front and Back, (D) Complete the Front and the Back, (E) Save the document, and then (F) E-mail it as an attachment to lbrashier@biloxi.ms.us. **Questions?** 228.435.6257

NAME OF ORGANIZATION

WITHIN BILOXI , WHAT SPECIFIC NEEDS WILL BE MET WITH THESE FUNDS? IF MORE THAN A SINGLE NEED, BREAK DOWN COST BY EACH NEED.

**(1) WHAT TANGIBLE RESULT WILL THE CITY COUNCILSEE IF THIS FUNDING HAS MADE A DIFFERENCE ON THE GROUP(S) THIS ORGANIZATION SERVES?
(2) HOW WILL RESULTS BE MEASURED AND REPORTED TO CITY COUNCIL IN AUGUST OF NEXT YEAR?**

DOES THE CITY PROVIDE "IN KIND" SERVICES FOR YOUR EVENTS?

EXAMPLES: Facility SED at no charge, BPD, BFD, refreshments, flyers, waived deposit, etc.

| | |
|---------|------------------|
| EVENT 1 | CITY PROVIDED... |
| EVENT 2 | CITY PROVIDED... |
| EVENT 3 | CITY PROVIDED... |
| EVENT 4 | CITY PROVIDED... |

(X) "YES" IF GROUPS SERVED BY YOUR ORGANIZATION IN FISCAL YEAR 2014. IF "YES", APPROXIMATE NUMBER OF INDIVIDUALS SERVED IN GROUP.

| | YES | NO | NUMBER | |
|----------------------------|-----|----|--------|--|
| INFANTS OR TODDLERS, 0 - 5 | | | NUMBER | |
| CHILDREN OR YOUTH, 6 - 12 | | | NUMBER | |
| YOUNG ADULTS, 13 - 17 | | | NUMBER | |
| ADULTS, 18 - 60 | | | NUMBER | |
| SENIORS, OVER 65 | | | NUMBER | |

(X) "YES" IF COMMUNITIES SERVED DURING LAST FISCAL YEAR, 2014. IF "YES", APPROXIMATE NUMBER OF INDIVIDUALS SERVED IN COMMUNITY.

| | YES | NO | NUMBER | |
|---|-----|----|--------|--|
| BILOXI | | | NUMBER | |
| KEESLER AIR FORCE BASE | | | NUMBER | |
| D'IBERVILLE | | | NUMBER | |
| GULFPORT | | | NUMBER | |
| LONG BEACH | | | NUMBER | |
| PASS CHRISTIAN | | | NUMBER | |
| HARRISON COUNTY (OUTSIDE BILOXI CITY LIMITS) | | | NUMBER | |

ADMINISTRATIVE RECOMMENDATION TO FUND: YES NO

NOTE / COMMENT

FOR ADMINISTRATIVE USE ONLY



**(1) By signing below I acknowledge that the information on this form is true/accurate.
(2) I understand that funding may be paid in equal quarterly installments.**

| | | |
|---------------------------------|------------|------|
| SIGNATURE OF PERSON PREPARING | PRINT NAME | DATE |
| SIGNATURE OF EXECUTIVE DIRECTOR | PRINT NAME | DATE |