

Contact: Mike Wright
mwright@tuscaloosa.com
City of Tuscaloosa
P.O. Box 2089
Tuscaloosa, AL 35403
(205) 248-5170



FY 2017 Annual Grant Application

(Agency Name)

(Executive Director)

(Contact Person)

(Mailing Address)

(Phone Number)

2017 City Grant Request:

2016 City Grant Allocation:

(Excludes Special Appropriations)

Dollar (+/-) Over Last Year's Allocation:

Percent (+/-) Over Last Year's Allocation:

For City of Tuscaloosa Use:

2017 Actual City Grant Allocation:

Document Checklist

Place each Exhibit after last page of Grant Application

1 copy of each Exhibit and Grant Application

	Exhibit	(✓)
Exhibit A.	New and Expanded Programs Give program name, summary and specifics on how increased funding dollars will be used to better serve the community. Will your City of Tuscaloosa funding increase be used to expand these programs?	
Exhibit B.	Increase in Funds? Explain. Give explanation for why requested funds are increased and specifically how the funds will be used.	
Exhibit C.	2016 Fundraising/Event Form (Attached) Include every fundraiser/event in 2016. Make sure to include final gross amount of proceeds on form.	<hr/>
Exhibit D.	2016 Funds from Other Governments and 2017 Requests from Other Governments	<hr/>
Exhibit E.	Most recent Board of Directors Include all Board Members contact information including email address and place of employment.	
Exhibit F.	Agency Staff/Administration Include all agency staff/administration with their email address.	<hr/>
Exhibit G.	Organizational Changes Provide information on any upcoming major organizational changes or additional information that has been voted on by your board for the next three years.	<hr/>
Exhibit H.	Provide a List of Investments Include an explanation of each. Also include agency operating reserves.	<hr/>
Exhibit I.	Co-Signer Statement Provide a statement that the agency requires an officer of the agency's board to co-sign all checks. However, if an agency has submitted an audit to the City, it is not required to submit this statement or engage in such practice.	<hr/>
Exhibit J.	Certification Statement Provide a written certification that a copy of the agency's financial and annual report, including the management letter, is on file at the Tuscaloosa Public Library for public viewing.	<hr/>
Exhibit K.	Current Annual Report	<hr/>
Exhibit L.	Budget for 2015, 2016 and 2017 (proposed) Include explanations for increases and decreases.	
Exhibit M.	2015 or Latest Audit (1 Copy Only) Review if between \$25,000 and \$50,000; Compilation if less than \$25,000.	
Exhibit N.	Salary Detail for Management Level Positions If requesting \$50,000 or more, include employee name, job title/position, and annual salary.	

City of Tuscaloosa Common Application Form

Administrative Information

1. Legal Name of Applicant Organization:

Note: Legal name should be same as on IRS determination letter.

2. EIN: _____ 3. Year Founded: _____ 4. Current Year Operating Budget: _____

5. Web Site: _____

6. Executive Director:

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

7. Primary Contact Person (if different from the Executive Director):

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

8. Has the City of Tuscaloosa allocated funds to your organization in the past? If so, please list the amounts for the last three years.

9. Executive Director (print): _____ Date: _____

Signature: _____

Note: Signatures indicate that the document was reviewed and approved by the Board of Directors who is solely responsible for the content and accuracy of information.

Administrative Information

10. Provide a brief agency history and state the agency's mission statement.

11. Board/Staff Composition:

		Gender			Race			
		Male	Female	Total	White	Black	Other	Total
Board								
Staff								

12. Total Unduplicated Clients Served:

Note: If your agency can NOT document unduplicated clients served, you can NOT count them.

Last Year Actual 2015	This Year Projected 2016	Next Year Proposed 2017

Fundraising/Event Information Form

Agency Name: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____

Name of Fundraiser/Event: _____

Location and Date of Fundraiser/Event: _____

Brief Description of Fundraiser/Event: _____

Final Gross Proceeds: _____ Final Total Expenses: _____

Net Income: _____