

## FY 2023 Annual Grant Application

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(Agency Name)

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(Executive Director)

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(Contact Person)

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(Mailing Address)

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(Phone Number)

**2023 City Grant Request:**

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**2022 City Grant Allocation:**

*(Excludes Special Appropriations)*

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

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

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For City of Tuscaloosa Use:

2023 Actual City Grant Allocation:

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Please electronically submit your funding application, financial statements, annual report, three-year budget data, and other information to [agencyapplications@tuscaloosa.com](mailto:agencyapplications@tuscaloosa.com) no later than **Wednesday, June 1, 2022 by 5:00 p.m.**

## Document Checklist

Place each Exhibit after the last page of Grant Application

1 copy of each Exhibit and Grant Application

Exhibits		(✓)
Exhibit A	<b>Reason for requested funding? Explain</b> Give program name, summary and specifics on how City funding will be used to better serve the community.	
Exhibit B	<b>Collaboration (Attached)</b> Provide information about your agency's services and partnerships.	
Exhibit C	<b>2022 Fundraising/Event Form (Attached)</b> Include every fundraiser/event in 2022. Make sure to include the final gross amount of proceeds on form.	
Exhibit D	<b>2022 Funds from Other Governments and 2023 Requests from Other Governments</b>	
Exhibit E	<b>Most recent Board of Directors</b> Include all Board Members contact information including email address and place of employment.	
Exhibit F	<b>Agency Staff/Administration</b> Include all agency staff/administration with their email address.	
Exhibit G	<b>Organizational Changes</b> Provide information on any upcoming major organizational changes or additional information that has been voted on by your board for the next three years	
Exhibit H	<b>Provide a List of Investments</b> Include an explanation of each investment. Also, include agency operating reserves	
Exhibit I	<b>Co-Signer Statement</b> 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.	
Exhibit J	<b>Certification Statement</b> 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.	
Exhibit K	<b>Current Annual Report</b>	
Exhibit L	<b>Budget for 2021, 2022 and 2023 (proposed)</b> Include explanations for increases and decreases.	
Exhibit M	<b>2021 or Latest Audit (1 Copy Only)</b> Review if between \$25,000 and \$50,000; Compilation if less than \$25,000.	
Exhibit N	<b>Latest signed W-9 Form</b>	

# 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:

		<b>Gender</b>		
		Male	Female	Total
<b>Board</b>				
<b>Staff</b>				

				<b>Race</b>			
				White	Black	Other	Total

12. Total Unduplicated Clients Served:

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

Last Year Actual 2021	This Year Projected 2022	Next Year Proposed 2023

## Collaboration

### **COMMUNITY PARTNERSHIPS:**

*Describe collaborative efforts with other nonprofit or for-profit organizations, and/or governmental agencies that play a specific role in your agency.*

### **SOCIAL SERVICE PROVIDER ANALYSIS:**

*Identify other organizations in the City of Tuscaloosa or adjacent communities that provide similar services. List the name of the organizations and the programs, activities, or projects that are similar with your agency.*

### **COOPERATION WITH SERVICE PROVIDERS:**

*Describe how your organization is cooperating with the previously identified organization and programs.*

**NEED FOR PROGRAM:**

*What evidence do you have that there is a need or demand for your program in Tuscaloosa? Please provide specific information below. Cite sources.*

**UNIQUE SERVICE PROPOSITION:**

*Describe how your program serves a special population, offers unavailable services, or sets itself apart from similar local programs.*

## Fundraising/Event Information Form

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: \_\_\_\_\_