

The City of Gadsden, Alabama



August 2, 2016

Dear Applicant:

The City Council of Gadsden has established by ordinance the procedure and criteria governing the funding of "Non-Profit Agencies". Pursuant to Ordinance O-68-95, as amended by Ordinance O-129-95, the following application package should be used by agencies requesting funding from the City of Gadsden for fiscal year ending September 30, 2017.

To be considered, completed applications and all supporting documentation must be received no later than 4:30 p.m. on Friday, August 10, 2016.

Deliver or Mail to:

City of Gadsden
Mayor's Department
P.O. Box 267
2nd Floor City Hall, Room 202
Gadsden, Alabama 35901
Attention: Shane Ellison

Please review the ordinances carefully; in particular Sections 3 and 4 of Ordinance O-68-95 and Amending Ordinance O-129-95, which establish the eligibility requirements for receiving City funding and the documentation required to verify eligibility.

[Ordinance O-68-95](#)

Establishing Procedure to Consider Funding of Agencies

[Amending Ordinance O-129-95](#)

Please complete and return the Application and Eligibility Checklist.

Application

Complete all items in the application, entering "N/A" for any items not applicable to your agency. Please attach separate sheets for any items requiring additional space and attach supporting documents when required. The application should be the agency's governing body; signed and dated by the presiding officer.

Eligibility Checklist

Use to determine if your agency is eligible to receive funding from the City of Gadsden. For each eligibility standard, please check yes or no and indicated if you have enclosed the required documentation. The checklist should be signed and dated by your agency's presiding officer.

The City of Gadsden, Alabama
90 Broad Street, P.O. Box 267
Gadsden, Alabama 35902

**Non-Profit Agency Funding
Application**

Agency Name:

Mailing Address:

Telephone:

Email:

Amount of Funding Request: \$

This application for funding by the City of Gadsden, Alabama was approved by the above named agency's governing body and was submitted by:

Name

Date

Please fill out all information and answer all questions fully. If necessary, add additional sheets.

1. President / Chief Executive Officer:

Status: Volunteer Paid

2. Provide addresses of all agency branches: (Mailing Address, City, State, Zip)

3. Is the agency incorporated? Yes No

Has the agency adopted a constitution and by-laws? Yes No
(If yes, please attach a copy of each to this application)

To receive funding from the City of Gadsden, the agency must be officially registered as exempt under §501(c)(3) of the United States Internal Revenue Service Code of 1954.

a. Please attach a copy of your letter of exemption from the Internal Revenue Service.

b. Agency Federal Employer's Identification Number: EIN#

4. What is your agency's mission?

5. What programs and/or services did the agency provide this year?

6. Describe the target population served by the agency (*Age, Special Interest, etc.*).

7. Designate the geographic area covered by the agency.

8. Enumerate the Board / Volunteer / Staff composition:

	Gender		Race		
	Male	Female	White	Black	Other
Board					
Program Volunteers					
Staff					

9. List the number of individuals (unduplicated count) served by each program / service in Etowah County. Use another sheet for additional programs.

10. How are agency programs / services assessed for effectiveness?

11. What are the specific objectives of agency programs / services?

12. What new or different programs / services does the agency contemplate providing next year?

13. How will these new or different programs / services be financed?

14. Give listed information concerning the agency's governing body:

- a. Official name:
- b. Number of members:
- c. Number of meetings per year:
- d. Average attendance for the past year:

15. List the elected officers of the agency's governing body, with titles:

Officer(s)	Title

16. Give the total number of paid staff members:

Total annual cost of paid staff, including salaries, health insurance, retirement, taxes and any other compensation:

17. Give the title, job description and salary of the five highest paid employees:

Title	Job Description	Salary

18. When and by who was the last audit, review or compilation made?

19. List all debt, other than short-term current bills and provide a brief explanation:

\$	
\$	
\$	
\$	
\$	
\$	

20. Source of all agency support during the past year:

Source(s) of Funding	
Grants - (Local, State, Federal)	\$
Investments	\$
Memberships	\$
Fees	\$
Fundraising	\$
Other – (Explain)	\$
	\$

21. Explain the fee schedule for services:

22. List any fundraising activities during the previous and current year(s) with the amount of funds raised.

23. Describe any additional fundraising activities scheduled or planned for the remainder of the current year and next year with an estimate of funds to be raised from each activity.

24. Does the agency have an annual report? Yes No
(If yes, please attach your last yearly report)

25. Does your agency have any formal contracts with other organizations (rental of facilities, fees for services, dues and fees to governmental or national headquarters)?
(If yes, please attach copies of leases, etc.) Yes No

26. Is your agency one that is usually supported by United Way?
(If yes, please give specific examples including amounts of support) Yes No

27. How would your agency use city funds? Please be specific.

28. Does your agency maintain the minimum insurance coverage required by the attached City Ordinance Number [O-129-95](#)?

Yes No

Is the City of Gadsden named as an additional insured? Yes No

Insurance Type	Insurance Carrier	Coverage Amount
General Liability		
Automobile Liability		
Worker's Compensation		

29. All agencies requesting funding must attach copies of the agency's income and expense statement for last year and the current year-to-date.

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Eligibility Checklist

Requirements	Yes	No	Enclosed
Minimum Insurance Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporated, not for profit and tax exempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a documented community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nondiscriminatory with a written affirmative action policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer governing body, meet quarterly and receive no remuneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound financial management with an annual financial statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balanced budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income and expense statements for last year and the current year-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agency Name:

Submitted by:

Date: