

# Application for Outside Agency Funding



Form Revised 1/08

Previous contribution received \$ \_\_\_\_\_ FY \_\_\_\_\_

Agencies receiving funding are required to submit semi annual reports to City Council March 1 and Sept 1.  
Note: Only the information provided on these lines will be considered.  
No attachments will be considered other than the required documents specified.

## 1. ORGANIZATION CONTACT INFORMATION:

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City of Martinsville Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Contact Mailing Address  
(if different from above) \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Contact E-Mail \_\_\_\_\_

## 2. ORGANIZATION CATEGORY:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Church, religious denomination, religious order | <input type="checkbox"/> YMCA or similar religious association | <input type="checkbox"/> Girl Scouts/Boy Scouts     |
| <input type="checkbox"/> Religious missionary assoc.                     | <input type="checkbox"/> Educational institution               | <input type="checkbox"/> Boys' or Girls' Club       |
| <input type="checkbox"/> Benevolent association                          | <input type="checkbox"/> Orphanage; nursing care facility      | <input type="checkbox"/> Agricultural or Farm Club  |
| <input type="checkbox"/> Cemetery (private or public)                    | <input type="checkbox"/> Red Cross                             | <input type="checkbox"/> Animal cruelty prevention  |
| <input type="checkbox"/> Veterans' organization                          | <input type="checkbox"/> Hospital or sanitarium                | <input type="checkbox"/> College alumni association |
| <input type="checkbox"/> Museum  | <input type="checkbox"/> Habitat for Humanity                  | <input type="checkbox"/> Other (specify): _____     |
| <input type="checkbox"/> Historical foundation/assoc.                    | <input type="checkbox"/> Volunteer fire or rescue organization |   |

When was the organization first established? \_\_\_\_\_

When did/will the organization begin operations in City of Martinsville? \_\_\_\_\_

What is the organization's federal tax designation? (Circle one)

501(c)(3)    501(c)(4)    501(c)(6)    501(c)(7)    Other: 501(c)(\_\_\_\_) (please insert #)

What is the organization's purpose? \_\_\_\_\_

What activities or services are provided by the organization? \_\_\_\_\_





