

Application for Outside Agency Funding



Form Revised 1/2023

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? _____

5. Briefly describe the impact the previous funding from the City of Martinsville had on your program, project, or organization. Some discussion to items may include:

- Number of persons served and demographics served.
- Describe how your organization used the funding to leverage additional funds, either through grants or other means?
- Describe the overall impact of these funds on your program, project, or organization.

6 . ORGANIZATIONAL COLLABORATION

What other organization(s), if any, are performing a similar service or project? _____

What other organizations will collaborate with the organization to complete the described project(s) _____

Describe in detail the financial and in-kind contributions of other organizations that will advance the project(s)

7. TIMETABLE AND OUTCOMES

Describe what outcomes for the project(s) are expected over the course of the next fiscal year. Submission of a progress report is required. (example: Over the next year, XYZ Organization will inform 100 residents on how gangs are formed and how to identify gang related activity by.....)
