

**CITY OF SHELBYVILLE**  
**Charitable Contributions Appropriations Fund**  
**2017 APPLICATION**

Please complete and return three (3) copies. Incomplete applications will not be considered.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tax Exempt Status Granted by the IRS: \_\_\_\_\_

(If other than 501-C3, then a complete explanation is needed with letter from IRS or your application will not be considered.)

Brief Description of Project or Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Funds Needed: \_\_\_\_\_ Amount Requested from City: \_\_\_\_\_

Describe Use of Funds Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other funding sources that are being approached and amounts requested and/or secured from each, to date:

**FUNDS RAISED**  
**AMOUNT & SOURCE**

**UNDER CONSIDERATION**  
**AMOUNT & SOURCE**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Number of people project will directly benefit: \_\_\_\_\_

**If project is reoccurring, outline future funding plans:** This is to avoid dependence on the City of Shelbyville, because of our inability to promise continued funding.

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The following must be included before consideration will be made. Please attach **three copies** each of:

1. Application
2. Copy of Proposed Budget
3. Board of Directors Roster
4. IRS Exemption Letter (501-C3 and all other exemptions.)
5. IRS Annual Tax Report, Form 990 (Full 990 Tax Form must be Present.)
6. Copy of Most Recent Annual Audit

**The application period is January 1 - February 28, 2017**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title with Organization

**PLEASE MAIL COMPLETED FORM AND REQUIRED DOCUMENTS TO:**

**CITY HALL  
ATTN: Charitable Appropriations Contributions Fund  
315 WASHINGTON STREET  
SHELBYVILLE, KY 40065**

**NOTE: Funding will be available after July 1<sup>st</sup>.**

