

CITY OF SHELBYVILLE
Community Enhancement Appropriations Fund
2019 APPLICATION

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

Organization Name: _____

Address: _____

Phone: _____ Contact Person: _____

Email Address: _____

Tax Exempt Status Granted by the IRS: _____
(If other than 501C3, 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: _____

How Will Project Benefit the Community? _____

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 re-occurring, outline future funding plans: This is to avoid dependence on the City of Shelbyville, because of our inability to promise continued funding.

The following must be included before consideration will be made. Please attach **three (3) 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, 2019

***Application must be delivered or post-marked by February 28th to be considered.**

Signature of Applicant

Date

Position/Title with Organization

PLEASE MAIL COMPLETED FORM AND REQUIRED DOCUMENTS TO:

**CITY HALL
ATTN: Community Enhancement Appropriations Fund
315 WASHINGTON STREET
SHELBYVILLE, KY 40065**

**NOTE: Funds will be distributed after July 1st.*