

**CITY OF BASTROP**  
**2016 COMMUNITY SUPPORT FUNDING APPLICATION**

**ORGANIZATION INFORMATION:**

\_\_\_\_\_  
Official Name of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Federal ID #

\_\_\_\_\_  
State ID #

Is your Organization:

☐ 501(c)3

Other (provide description) \_\_\_\_\_

\$ \_\_\_\_\_  
Funding Amount Requested

**Required Attachments:**

- 1) Last fiscal year's financial statement (profit & loss statement) for your organization as a whole
- 2) Proposed Budget FY2016 (10/01/2015 - 09/30/2016) as directly related to funding
- 3) Copy of 501 (c) letter from Internal Revenue Service
- 4) Articles of Incorporation
- 5) Identify other sources of funding
- 6) List of all Board Members

**Answer the following. Your focus should be on how your organization benefits the community and City of Bastrop citizens. Be as specific as possible.**

Provide a brief summary on why you are requesting funds:

Describe the organization's purpose.

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Share your organization's experience, accomplishments and qualifications to successfully complete the program services.

Identify any in-kind services that you currently receive, or have received in the past from the City of Bastrop (include dates).

Over the past year, identify what percentage of your total organizations purpose benefited City of Bastrop citizens.

**PROGRAM SERVICES**

Describe your program services.

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How will the City of Bastrop funds be used?

How will the program services benefit the community?

For your organization's purpose, what percentage of City of Bastrop citizens do you estimate will benefit from this funding?

How do you know these program services are needed? Are there other entities providing the same or similar services which are available to City of Bastrop citizens? Will there be a coordination of services? Explain.

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**REPORTING**

How will you track the number of City of Bastrop citizens benefited by your organization's program services?

How will you evaluate if you were effective?

If you have done/currently doing these program services, describe the results you have experienced and statistics.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and according the opinion of the City of Bastrop, to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

\_\_\_\_\_  
Authorized Signature for the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Title

Return this application to:

City of Bastrop

Finance Department

P. O. Box 427

1311 Chestnut Street

Bastrop, Texas 78602

**DEADLINE: 5:00 P.M., June 5, 2015**

Electronic/Facsimile submissions will not be considered.