

No Fee

DONATION REQUEST APPLICATION

City of Morgantown, Kentucky

Telephone: 270-526-3557 Fax: 270-526-6295

1) REQUEST

Name: _____

Organization: _____

Telephone No: _____

Email Address: _____

PHYSICAL Address: _____

MAILING Address (if not same): _____

I, the appointed representative of the above organization, understand the policies of the City of Morgantown and will to the best of my ability truthfully complete this form and include any supplemental materials required of me. Furthermore, I understand that this application does not automatically qualify my request to be fulfilled by any amount. Lastly, I am in full knowledge of all the requirements should my request be fulfilled throughout the remainder of the upcoming fiscal year.

If any portion of this application should be proven to be invalid the expenditure given to my organization by the City of Morgantown must be repaid in full at the request of the City Council.

Applicant's Signature: _____ Date Filed: _____

2) RESPONSE TO REQUEST (For Office use only)

The request is to be: ☐ Denied ☐ Funded in Full ☐ Partially Funded: Amount: _____

Signature of City Administrator

Signature of Mayor

Date Request Fulfilled

Is there any follow up required? When?: _____

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1. Are you considered a 501 (c)(3) non-profit organization? (Documentation Required)
☐ Yes ☐ No
2. Are you an organization organized with unpaid volunteers?
☐ Yes ☐ No
3. Give a brief description of your organization: _____

4. Type of Services provided: _____

5. Number of Years providing service: _____
6. Total Agency Operating Budget (Budget may be supplemented): _____
7. Do you receive funding from other agencies/government organizations? If so describe the funding and agencies. _____

8. What amount is your funding request: _____
9. What is the time period you are requesting these funds for? (services already completed or yet to be completed?): _____
10. How many individuals do you serve annually? How many of these are City residents? _____

11. What service, project, benefit or line item in your budget will these funds be used for? (Salaries or personnel are not applicable for funding) *Attach additional pages if necessary:* _____

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12. How will these funds be used to benefit the public of the City of Morgantown? _____

13. How will you measure "success" of the allocations spent?: _____

14. Will receipts and/or accounting records be available to track how monies are spent by your organization?:

☐ Yes

☐ No

15. Is there a representative available to explain the receipts/expenditures/accounting records to the City Council at their request?: _____

Awards will be given based on the following factors:

- Promotion of commerce and industry
- Celebration of the City's culture and history
- Observance of local, regional, or national historic dates or events
- Contribution to the general public good in areas of education, safety, health, welfare, or recreational activities.
- Expected number of people who will participate or benefit from the program, event or activity.
- Availability of funds

This form is to be given to the City Hall office no later than March 15 prior to the upcoming fiscal year budget. All supplemental materials you wish to include should be added herein by that date (unless further requests are made by the City Council.) Applicants should be available on the date of the meeting deciding the allocations to organizations if further questioning and/or clarifications are needed. Please note that reports/copies/proof of expenditures from funds given will be required.