CITY OF BILOXI ~ REQUEST FOR FUNDING 2014-15 ~ Non-Departmental Application

(1) Many organizations do great work in Biloxi, however, the availability of funds is a major factor in determing whether requests are fully funded, partially funded, or not funded. (2) This application must be completed and submitted annually by the last Friday in July to be considered for funding; NO EXCEPTIONS

funded, or not funde	<u>ed</u> . (2) This ap	olication must l	be completed and submitte	ed annua	ally by the last I	-riday in Ji	uly to be considered for	tunding; NO EXC	EPHONS.		
NAME OF ORGANIZATION				MI	SSION STATEM	ENT OR PU	RPOSE FOR EXISTENC	E Type or print cle	arly		
MAILING ADDRESS OF ORGA	NIZATION										
CITY	STATE	ZIP		1							
EXECUTIVE DIRECTOR or CHI	EF EXECUTIVE C	FFICER		1							
MAILING ADDRESS			-	1							
CITY	STATE	ZIP									
PHONE NUMBER	E-MAIL ADD	RESS									
LIST FUNDING SOURCE				AM	OUNT YOU ARE F	REQUESTING	Percent of Fiscal Yea	_	%		
SOURCE 1		AMOUNT	В	BUDGET FOR LATEST FISCAL YEAR 2012			AMOUNT				
SOURCE 2		AMOUNT	TO	TOTAL REVENUE FOR FISCAL YEAR 2012			AMOUNT				
SOURCE 3			AMOUNT	TO	TOTAL EXPENSES FOR FISCAL YEAR 2012			AMOUNT			
SOURCE 4			AMOUNT	A	MOUNT OF BU	DGET FOR	MATCHING FUNDS	AMOUNT			
SOURCE 5			AMOUNT		O YOU RECEIV ITIES OR THE (FROM <u>OTHER</u>	TOTAL AMOUNT R	ECEIVED		
SOURCE 6			AMOUNT				vill not have informa				
SOURCE 7			AMOUNT	lat	by the submission deadline at the end of July. Consequently, the latest Fiscal Year's information requested is 2012. (Typically, aud						
SOURCE 8			AMOUNT		sults for the F			le for most not-for-profits			



Note: ALL CHARITABLE ORGANIZATIONS ARE REQUIRED TO REGISTER WITH THE SECRETARY OF STATE'S OFFICE AND RENEW YEARLY.

Certain types of organizations are exempt from registration, but are required to file a notice of exemption with the Secretary of State's Office. If an organization is a nonprofit corporation, it must file its formation document with the Filing Services Unit of the Business Services Division. 888.236.6167 or 601.359.1371

	PROVIDE FILE NUMBER IF REGISTERED
	PROVIDE FILE NUMBER IF REGISTERED WITH THE SECRETARY OF STATE'S OFFICE

FILE NUMBER

CHECK (X) IRS FORMS FILED ANNUALLY...

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If downloaded from www.biloxi.ms.us: (A) Save it to your desktop, (D) Complete the Front and the Back, (E) Save the document, and	then (B) (then (F) E	Open the Excel form (C) Note the two -mail it as an attachment to Ibrashier	tabs as ti @biloxi.n	he bottom, Fron ns.us.	it and E ions?	}ack, 228.43	5.6257		
NAME OF ORGANIZATION		DOES THE CITY PROVIDE "IN KIND" SERVICES FOR YOUR EVENTS?							
		EXAMPLES: Facility SED at no charge, B			s, waive	d depos	it, etc.		
<u>WITHIN BILOXI</u> , WHAT SPECIFIC NEEDS WILL BE MET WITH THESE FUNDS: MORE THAN A SINGLE NEED, BREAK DOWN COST BY EACH NEED.	? IF	EVENT 1 CITY PROVIDED							
		EVENT 2	CIT	Y PROVIDED					
		EVENT 3	CIT	CITY PROVIDED					
		EVENT 4	CIT	CITY PROVIDED					
		(X) "YES" IF GROUPS SERVED BY YOUR ORGANIZATION IN FISCAL YEAR 2013. IF "YES", APPROXIMATE NUMBER OF INDIVIDUALS SERVED IN GROUP.							
		INFANTS OR TODDLERS, 0 - 5	YES	NO	NUME	3ER			
(1) WHAT TANGIBLE RESULT WILL THE CITY COUNCILSEE IF THIS FUNDING MADE A DIFFERENCE ON THE GROUP(S) THIS ORGANIZATION SERVES?	HAS	CHILDREN OR YOUTH, 6 - 12	YES	NO	NUME				
(2) HOW WILL RESULTS BE MEASURED <u>AND</u> REPORTED TO CITY COUNCIL AUGUST OF NEXT YEAR?	IN	YOUNG ADULTS, 13 - 17	YES NO		NUME				
		ADULTS, 18 - 60	YES	NO	NUME				
		SENIORS, OVER 65	YES	NO	NUME	3ER			
		(X) "YES" IF COMMUNITIES SERVED DURING LAST FISCAL YEAR, <u>2013</u> . IF "YES", APPROXIMATE NUMBER OF INDIVIDUALS SERVED IN COMMUNITY.							
		BILOXI	YES	NO	NUME				
		KEESLER AIR FORCE BASE	YES	NO	NUM				
		D'IBERVILLE		NO	NUME				
		GULFPORT	YES	NO	NUME				
		LONG BEACH	YES	NO	NUM				
		PASS CHRISTIAN	YES	NO	NUME		Subs a		
		HARRISON COUNTY (OUTSIDE BILOXI CITY LIMITS)	YES	NO	NUME	ER			
ADMINISTRATIVE RECOMMENDATION TO FUND: YES NO		(1) By signing below I acknowledge that the information on this form is true/accurate. (2) I understand that funding may be paid in equal quarterly installments.							
NOTE / COMMENT TO		SIGNATURE OF PERSON PREPARING	PRINT NAM	PRINT NAME		DATE			
FOR ADVI		SIGNATURE OF EXECUTIVE DIRECTOR PRINT		RINT NAME		DATE			