# SMYRNA CHARITY ASSISTANCE FUND APPLICATION

## NONPROFIT INFORMATION

| NAME OF NONPROFIT | | DATE APPLICATION COMPLETED |
|---|---|---|
| | | |
| ADDRESS | CITY | ZIP |
| | | |
| CHIEF EXECUTIVE | CHIEF EXECUTIVE TITLE | |
| | | |
| APPLICATION COMPLETED BY (IF DIFFERENT THAN CHIEF EXECUTIVE) | TITLE (IF DIFFERENT THAN CHIEF EXECUTIVE) | |
| | | |
| CONTACT PHONE NUMBER | CONTACT EMAIL | |
| | | |
| NONPROFIT MISSION STATEMENT | | |
| | | |

## NONPROFIT DEMOGRAPHICS – PROVIDE THE NUMBER OF THE FOLLOWING

| FULL TIME STAFF | PART-TIME STAFF | VOLUNTEERS | OTHER (EXPLAIN BELOW) |
|---|---|---|---|
| | | | |
| EXPLAIN OTHER | | | |
| | | | |

## NONPROFIT OPERATING BUDGET

| Month Fiscal Year Starts | Month Fiscal Year Ends | Last Fiscal Year Budget | Current Fiscal Year Budget |
|---|---|---|---|
| | | $ | $ |

| Percentage of funds directly benefiting citizens | Percentage of funds applied to administration and/or overhead |
|---|---|
| | |

| Sources of Funding (check each applicable source and provide the percentage of funding contribution from that source) | | |
|---|---|---|
| ☐ State % | ☐ County % | ☐ City % |
| ☐ Federal % | ☐ United Way % | ☐ Grants % |
| ☐ Contributions % | ☐ Events % | ☐ Memberships % |
| ☐ Other % (explain other) | | |

## NONPROFIT FUNDING REQUEST

| Is this the first year requesting funds | If no, what is the year of the last request | What was the funding amount received? |
|---|---|---|
| ☐ Yes ☐ No | | $ |

If the nonprofit received funding, describe in detail how the funds were utilized

| Amount of funds requested for this application | How will the funds be utilized? | If selected to receive funds, do you give approval of future media highlight? |
|---|---|---|
| $ | ☐ operating support<br>☐ project support | ☐ yes ☐ no |

Describe in detail how the funds will be utilized

## NONPROFIT FUNDING REQUEST DEMOGRAPHICS – PROVIDE THE FOLLOWING NUMBERS

| CITIZENS ASSISTED LAST FISCAL YEAR | CITIZENS PROJECTED TO ASSIST CURRENT FISCAL YEAR |
|---|---|
| | |
| SMYRNA CITIZENS ASSISTED LAST FISCAL YEAR | SMYRNA CITIZENS PROJECTED TO ASSIST CURRENT FISCAL YEAR |
| | |

WHAT MARKETING AND/OR OUTREACH ACTIVITIES/EFFORTS HAVE BEEN UNDERTAKEN OVER THE LAST YEAR TO INCREASE THE NUMBER OF SMYRNA RESIDENTS THAT HAVE GAINED AWARENESS OF, ACCESS TO, AND/OR ARE NOW RECEIVING SERVICES FROM THE ORGANIZATION? (EXPLAIN IN DETAIL)

## ADDITIONAL INFORMATION

ADDRESS HERE ANYTHING ELSE ABOUT THE NONPROFIT OR PROJECT THAT COULD BE RELEVANT TO THIS APPLICATION.

In addition to the completed application, the following must also be submitted:

- Documentation of the nonprofit's status as a 501(c)(3), (4), or (6) by the Internal Revenue Service
- A copy of the last IRS Form 990
- A copy of the nonprofit's annual report, audit or financial statements (must be an audit if this request is $12,000 or more)
- A copy of the nonprofit's current operating budget
- A detailed project budget if the funds will be applied to a project support