



EXTERNAL AGENCY FUNDING REQUEST FORM

Organization Name: _____

Federal Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____/____/____ Fax: ____/____/____

E-mail: _____

Website (if applicable): _____

Lead Administrator Name: _____

Title: _____

Phone ____/____/____ Fax: ____/____/____

E-mail: _____

Board of Directors Chairman: _____

Phone ____/____/____ Fax: ____/____/____

E-mail: _____

1. Requested Amount of Funding: \$ _____

2. Has your organization requested funding from the City of Galesburg in prior years? Yes No

If yes, please list years and amount requested:

3. For the current year's funding request, how many City of Galesburg residents will be served by your programs? _____

4. Brief (200 words or less) narrative description of service to be provided or projects to be performed with City funds:

5. How will these services benefit the citizens of Galesburg?

6. Please provide the names and titles of the personnel in your organization responsible for authorizing disbursements of funds.

7. Are these individuals bonded? Yes No

8. Do these individuals also sign checks? Yes No

9. If not, who does?

10. Does your organization have a detailed budget? If yes, please attach document. Yes No

11. Does your agency have an annual audit/review by a CPA? Yes No

If yes, please provide name of CPA or firm.

12. Is your agency or any of its Directors currently under investigation for criminal acts, subject to any Judicial orders, received any administrative or regulatory fines from any agency of the State or Federal government in the past year?

Yes No

If yes, please provide detail on an attachment.

I/we hereby certify that the information contained in this grant funding application is true and accurate to the best of my/our abilities.

CEO

Chairman, Board of Directors

Date