OFFICE OF THE MAYOR
APPLICATION FOR CIVIC APPROPRIATIONS
FY 2014

Section 1. Applicant Information

1) Name of applicant:_____

2) Mailing Address:_____
_____

3) Telephone number:_____ Fax Number:_____

4) E-Mail Address:_____

5) Name, Title, & E-mail Address of Agency Director:
_____

_____

6) Name, Title, & E-mail Address of Person Completing Application:
_____
_____

7) Is the applicant a tax-exempt organization, as defined by the IRS? _____

(Attach documentation only if this is your first application for City funds)

Section 2. Prior Funding History

1) Did you receive grant funds from the City of Shreveport in 2012 or 2013? _____

2) 2012: Amount_____ Purpose_____

3) 2013: Amount_____ Purpose_____

Please explain in detail how these funds were used and how they benefitted the City and its people. Attach additional pages if necessary.

_____

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Section 3. Funding Request for 2014

1) Amount of Funding Requested: _____

2) Percentage of Requested Funding of Applicant's Projected Budget for 2014: __%

3) **Program Description.** Please provide a description, not to exceed two pages in length, of the program for which funds are being requested. This description must include discussion of how many persons the program serves, any specific neighborhoods impacted, what results the program is designed to achieve, how these results are to be measured, how this program is of benefit to the public interest and why the City should fund your program with its limited resources.

4) Program Budget. All applicants must complete **Appendix A**

5) Please identify the % of the applicant's budget which is expended on:

   Administrative Costs: _____% Program Costs: _____%

6) Does the applicant engage in fund-raising activities? If so, please describe fully.

_____

_____

_____

_____

_____

7) Describe other sources of private and public funding._____

_____

_____

8) Does the applicant have any outstanding tax claims? ____ Judgments? _____

Lawsuits pending against it? _____ If so, explain. _____

_____

8) Does the applicant anticipate requesting other in-kind City services in connection

with its activities? _____ If so, explain. _____

_____

I hereby certify that the information contained in this application and its attachments are true and complete.

Authorized Applicant Representative: _____

ALL APPLICATIONS ARE DUE NO LATER THAN AUGUST 30, 2013.

PLEASE SEND TWO COPIES OF ALL APPLICATIONS TO:

Dale L. Sibley
Chief Administrative Officer
P. O. Box 31109
Shreveport, LA 71130
(318)673-5005
Fax (318) 673-5020

They may be hand-delivered to 505 Travis Street, Suite 200 (Government Plaza).

	2011-2012 Actual	FY 2012-2013 Actual	2013-2014 Projected
Support and Revenues			
Contributions	$	$	$
Fund-raising events	$	$	$
Federal and State Grants	$	$	$
Grants - City of Shreveport	$	$	$
Other Grants	$	$	$
Memberships/Dues	$	$	$
Fees for Service	$	$	$
Use of Prior-Year Revenues	$	$	$
Other Revenues	$	$	$
Total Income	**$**	**$**	**$**
Expenses			
Salaries and Benefits	$	$	$
Office, Printing, & Postage	$	$	$
Telephone & Utilities	$	$	$
Rent/Building Expenses	$	$	$
Equipment Rental & Maint.	$	$	$
Insurance	$	$	$
Travel & Staff Training	$	$	$
Grants to Individuals & Orgs.	$	$	$
Overhead & Indirect Expenses	$	$	$
All Other			
Total Expenses	**$**	**$**	**$**
Surplus/Deficit	**$**	**$**	**$**

Notes: