



**OFFICE OF THE MAYOR
APPLICATION FOR CIVIC APPROPRIATIONS
FY 2012**

Section 1. Applicant Information

- 1) Name of applicant: _____
- 2) Mailing Address: _____
- 3) Telephone number: _____ Fax Number: _____
- 4) E-Mail Address: _____
- 5) Name and Title of Agency Director: _____

- 6) Name and Title of Person Completing Application: _____
- 7) _____
- 8) 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 2010 or 2011? _____
- 2) 2010: Amount _____ Purpose _____
- 3) 2011: Amount _____ Purpose _____

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. _____

9) 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 31, 2011.**

PLEASE SEND TWO COPIES OF ALL APPLICATIONS TO:

Dale L. Sibley
Chief Administrative Officer
P. O. Box 31109
Shreveport, LA 71130
(318)673-5010
Fax (318) 673-5055

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

| | 2009-2010 Actual | FY 2010-2011 Actual | 2011-2012 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: