



**City of Shreveport  
Civic Appropriation Application**

**PART I. APPLICANT INFORMATION**

Name/Agency: \_\_\_\_\_

Funding Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

EIN (Federal Tax ID Number): \_\_\_\_\_

Date Application Completed and Turned In: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Chairman of the Board/President Name: \_\_\_\_\_

Year Organization Founded: \_\_\_\_\_

Check Which Best Applies to Your Request:

Arts & Culture

Economic Development

City Wide Community Enhancement

Human Services

**A. ORGANIZATIONAL SUMMARY/PURPOSE OF GRANT**

**1. In the space below, provide your organization's Mission Statement.**

**2. Organization Description. Provide an overall description of your organization. (100 word maximum)**

**3. Describe your program or project and the goals of the program or project. Include information on outreach initiatives and information on partnerships with other organizations that will enhance or expand the program or project. (100 word maximum)**

**4. Please clearly show all in-kind matches to your agency or organization. Please list the donor and describe the in-kind match.**

**5. Please clearly list any cash matches to your organization.**



- B. Explain how requested funds will be spent. In case of partial funding, how will the budget be modified? (100 word maximum)**
- C. Describe the effectiveness of your fundraising efforts and address how your organization is working to increase its earned income. (250 word maximum)**
- D. How will the success of the program/project be defined and measured? Describe your evaluation method and who will determine if the program/project was a success? (250 word maximum)**
- E. Please list the names, qualifications and experience of your staff, especially as regards the program/project you wish to fund.**

## APPLICATION CHECKLIST

- \_\_\_\_\_ Completed Application (6 total. 1 original + 5 copies)
- \_\_\_\_\_ Attachment 1: Articles of Incorporation
- \_\_\_\_\_ Attachment 2: Current Certificate of Good Standing from the Secretary of State
- \_\_\_\_\_ Attachment 3: Letter Demonstrating non-profit 501©(3) Status of the Federal Tax Code
- \_\_\_\_\_ Attachment 4: List of the Agency's Board of Directors
- \_\_\_\_\_ Attachment 5: Budget for the Program that the City is being requested to fund.
- \_\_\_\_\_ Attachment 6: Annual Budget Adopted by the Board of Directors
- \_\_\_\_\_ Attachment 7: Financial Statement (Audit or IRS Form 990) for agencies with annual budgets of \$25,000 or more.
- \_\_\_\_\_ Attachment 8: Bylaws of the Agency
- \_\_\_\_\_ Attachment 9: Statement Indicating if City Funding will be used to Match Federal, State of Foundation Grant
- \_\_\_\_\_ Attachment 10: A signed statement certifying that all information is correct to the best of your knowledge.