

Outside Agency Funding Request Form Funding Year 2024

SECTION 1: Organization Information

Section 1. Organization information					
Organization Name:					
Mailing Address:					
City:	State:	ZIP Code:			
Phone:	Email:				
Year organization was founded :					
Does the organization have a 501c designation? Yes No					
Mission statement of the	organization:				
Brief description of the pr	ograms/services provide	ed by the organization:			
Brief description of the programs/services provided by the organization:					
Amount of funding requested from the City of Florence:					
Projected number of Florence area residents to be served:					



SECTION 2: Activity, Program, and/or Service Information

Section 2. Activity, 1106 and, of Service information
Please describe the specific activity, program, or service funding is being requested for:
Please explain what you hope to achieve by offering this activity, program, or service (what is your objective?)
Keeping the objective above in mind, please describe any specific actions the requested funding will allow you to take in pursuit of this objective:
How will you measure if you have successfully met your objective?



Is this activity, program, or service related to any activity, program, or service provided by other agencies or non-profits in the community? Yes No

If yes, how is it related?

If yes, how does it differ from the existing activity, program, or service?

If yes, have partnerships been formed or considered? Yes No

Why or why not?



SECTION 3: Funding Information

Have you requested	other funding for this activity	y, program, or service?
Yes	No	

If yes, please complete the chart below:

Organization Funding has been Requested from	Amount of Funding Requested	Request Status (Select One)	
		Pending	Awarded
			_

Have you received funding from the City of Florence during the past five (5) years? Yes No

If yes, please complete the chart below:

Year Awarded	Amount Awarded	Activity/Program/Service Funded	Number of Florence Area Residents Served

If this year's requested funding is denied, how will it impact the activity, program, or service, specifically as it relates to Florence area residents?



A presentation to the City of Florence City Council and/or a subcommittee thereof will be required for all finalists for funding (date to be determined). Failure to present to the City of Florence City Council and/or a subcommittee thereof will automatically disqualify the organization from this year's funding.

Initial for agreement

If awarded funds, I understand the City of Florence may require interim and final reports regarding funded activities/programs/service. I further understand the City of Florence retains the right to audit financial and operational records at its discretion upon reasonable notice.

Initial for agreement

I hereby certify the information provided in this application is complete and accurate:

Authorized Signature

Name: Title: