

CITY OF LITCHFIELD PARK
Appropriations for Outside
Agencies Fiscal Year 2018

ORGANIZATIONAL DATA

Non-Profit Name _____

Non-Profit Tax ID Number _____

Non-Profit Mailing Address: _____

City: _____ State: _____ Zip: _____

How Long in Existence? _____

Name of Primary Contact _____

Title of Primary Contact _____

Contact Phone Number: (office) _____ (cell) _____

Contact E-mail: _____

Contact Fax Number: _____

Organizations with an **operating budget of \$50,000 or more** must submit either a copy of their most recent independent auditor's report or a copy of their most recent IRS 990 or 990 EZ form.

Organizations with an **operating budget under \$50,000** must submit either a copy of their most recent tax statement or a copy of their most recent annual treasurer's report.

Audit Report Prepared by: _____

How many people does your organization serve within the Litchfield Park City limits?
(see attached map of city limits) _____

Is this the first request to the City of Litchfield Park? _____

Other Organizational Data: _____

CITY OF LITCHFIELD PARK
Application for Outside Agency Appropriations
Fiscal Year 2018

AMOUNT AND PURPOSE OF REQUESTED APPROPRIATIONS

Amount of Request: \$ _____

Please describe the projects or programs to be funded by the requested appropriation. Include in this narrative, the geographic areas to be served, objectives of the projects or programs, how these objectives are measured and any other information that would be useful in determining the potential benefit to the City of Litchfield Park and value to the community. (Attach additional sheets if necessary).

PREVIOUS CITY OF LITCHFIELD PARK FUNDING

Budget Year	Amount Requested	Amount Funded
2013		
2014		
2015		
2016		
2017		

MUST BE SUBMITTED WITH THE APPLICATION

Check List

- Organizational data completed**
- Copy of most recent auditor's report or applicable tax statement attached**
- Amount and purpose of requested appropriations completed**
- Follow-up documentation completed (*last year's recipients only*)**
- Statement of Authenticity signed by Authorized Official of Organization**
- Completed application and all supporting documents postmarked or hand-delivered on or before 5:00 p.m. on Friday, April 13, 2018.**

Non-Profit Name: _____

**Non-Profit's
Physical Address:** _____
Street

City State Zip Code

**Non-Profit's
Mailing Address:** _____
*(if different from
physical address)* **Street**

City State Zip Code

**Name of Representative
Submitting Application:** _____

**Title of Representative
Submitting Application:** _____

**Signature of Representative
Submitting Application:** _____



THE CITY OF Litchfield Park

138th Avenue N.
 Bloomington Street W.
 Brinton Avenue W.
 Ginning Drive N.
 Harvest Avenue W.
 Litchfield Road N.
 Missouri Avenue W.
 Sarano Terrace W.
 Tiller Drive N.
 Totton Court N.
 Weaver Court W.
 Whitney Way N.

