

City of Coffeyville 2022 CITY FUNDING REQUEST

It has been the practice of the City of Coffeyville to allocate funds to contribute to community-based programs and activities conducted by community-based organizations which provide valuable services to the community of Coffeyville. In order to ensure that a uniform process is followed for distributing funds, the City of Coffeyville has implemented an application process.

Therefore, the City Commission will consider all requests for funding from community-based organizations during the 2022 budget process this year. Due to limited resources, not all requests can be funded. Therefore, it is the City Commission's intention to evaluate each proposal, and based upon available funds and the merits of each proposal, provide money or other forms of assistance to those organizations which most effectively serve the needs and improve the well-being of Coffeyville residents.

Applications for funding must be submitted to the City Clerk's Office on or before July 13, of this year for consideration in the 2021 budget process unless otherwise announced by the City Commission.

Each community-based organization must be prepared to give a five-minute presentation during a prearranged funding request meeting during the 2021 budget process. The contact person listed on the application will be notified of the meeting date and time and must be prepared to present at that time, an alternate representative is acceptable.

Applications and guidelines are available at the City Clerk's Office, 102 W. 7th Street, Coffeyville, Kansas. Applications are due on or before June 30, 2021. You can contact the City Clerk's Office during business hours, if you have any questions.

APPLICATION INSTRUCTIONS

- The application must be completed fully and all required documents attached.
- The application must be typed or legibly handwritten in black ink.
- A copy of the organization's current financial statement and balance statement must be included with the application (if possible).
- If additional space is necessary, use a separate sheet and attach to this application.

The Event Summary Report must be completed before City funding will be disbursed. It should include all expenses and sources of income. This form must be completed and returned within 30 days after the event. Failure to submit the Event Summary Report within 60 days after the event will cause funding to be revoked.

A representative of the organization must attend the City Commission Funding Special Meeting with sufficient knowledge to answer the questions of the City Commission and to make a brief (five-minute time limit) presentation.

City of Coffeyville

102 W. 7th Street ♦ P.O. Box 1629 ♦ Coffeyville, Kansas 67337
Phone: (620) 252-6104 ♦ Fax: (620) 252-6175

APPLICATION FOR CITY FUNDS

Name of Organization: _____

Mailing Address: _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____ E-mail _____

Dollar Amount Requested: _____ Date of Request: _____

Program/Event/Service Title: _____

Please check category that best describes the proposed program/event/service.

Cultural, Recreational, and Environmental:

Organizations that are associated with artistic, historic, or museum endeavors. Recreational and environmental benefits are also considered in this grouping.

Economic:

Organizations that provide economic influence to the local area.

Human Services:

Organizations that provide basic human services to the community.

Alcohol & Drug Prevention:

Organizations that promote community awareness or services to reduce or prevent alcoholism and/or drug addiction in the City of Coffeyville.

Youth:

Organizations that enhance the development of Coffeyville youth. Youth organizations are characterized as any group that has participants 18 years old and under.

Please describe details of the proposed program/event/service.

Is the program/event/service political or religious? Yes No

Will the program/event/service be open to the general public? Yes No

Does the program/event/service promote or further any goal through legislation, constitutional revision, or public pressure on public officials? Yes No

Please check how the funds are to be utilized.

- Start-up funds for a new program/service
 Project/service funding for a one-time project/service
 Emergency funding to offset a short-term funding crisis
 On-going project/service funding

Please specify how funds will be used?

I. GENERAL ORGANIZATION INFORMATION

Name of Organization: _____

Date Established: _____ Years In Service: _____ Years In Coffeyville: _____

Federal I.D. No: _____ Tax Status: 501C(3): Yes ___ No ___

Type of Agency: Public Private Non-Profit Other (specify): _____

II. STATEMENT OF PURPOSE

1. DESCRIPTION OF ORGANIZATION'S PURPOSE OR GOAL.

What is the overall purpose or goal of your organization?

2. DESCRIPTION OF ORGANIZATION'S SERVICES.

Describe the organization's services, including the specific program/project to be funded.

3. DESCRIPTION OF COFFEYVILLE COMMUNITY SERVED.

3a. Describe the Coffeyville population and/or geographic area targeted for your program/event/service.

3b. How many people are in need of this program/event/service?

Children (0-12 years) _____ General Adults (19-54 years) _____ Male _____

Youth (13-18 years) _____ Senior Adults (55 years and over) _____ Female _____

3c. If applicable, how many people does your organization currently serve?

4. SIMILAR SERVICES.

4a. List any other organizations that provide similar program/event/service to the Coffeyville community.

4b. Specify how this program/event/service will diminish or eliminate duplication of services.

III. STATEMENT OF ORGANIZATION

1. DESCRIPTION OF ORGANIZATION MANAGEMENT.

Describe how your organization is managed and governed.

2. ORGANIZATION OFFICERS

Please provide information on your Board members.

	Name	Title	Address	Phone
*				
*				
*				
*				
*				
*				
*				
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*				
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*				

3. ORGANIZATION STAFF

3a. How many paid employees does your organization employ?

No. of Full-time _____ No. of Part-time _____ None _____

If applicable, what is your total payroll budget, including benefits? _____

If applicable, what percentage of your budget is spent on paid staff? _____

3b. How many volunteers does your organization have?

No. of Volunteers _____ No. of Adult _____ No. of Youth _____

IV. ORGANIZATION BUDGET INFORMATION

1. ORGANIZATION INCOME

1a. Does your organization charge admission, membership fee, dues, etc.? Yes ___ No ___

If yes, please describe:

1b. Does your organization charge admissions, fees, etc. for projects/events/services? Yes ___ No ___

If yes, please describe:

1c. If this funding request is denied, will the program/event/service take place? Yes ___ No ___

1d. State the reason City funding is essential to the success of the program/event/service.

2. ORGANIZATION SOURCE OF FUNDING

2a. List all sources of funding, including anticipated contributions from the City of Coffeyville, for the fiscal year for which funding is being requested.

Organization	Request Amount	Matching Funds		Pending	Status		
		Yes	No		Funded	Denied	
Total							

2b. List any funding received the previous fiscal year, including the amount your organization requested and the actual amount received.

Organization	Amount Requested	Amount Received
Total		

2c. List all other agencies and other sources you have or will be soliciting for funding the program/event/service.

V. ORGANIZATION BUDGET and FINANCIAL STATEMENTS

All applicants must submit the following financial statements either on the forms provided or similar attached to this application. All financial statements must contain the past two completed fiscal years if possible. Financial statements must also provide budget information for the next fiscal year. The budget proposed for the next fiscal year must be completed, even if it is still tentative.

- 1. SUMMARY OPERATING STATEMENT
 - 1a. INCOME OPERATING STATEMENT

<u>INCOME</u>	_____ Yr.	_____ Yr.	_____ Yr.
REVENUE & SUPPORT	Actual	Actual	Proposed
Admissions			
Contracted Services Revenue			
Memberships			
Private Fundraising			
Other Revenue			
[a] _____			
[b] _____			
[c] _____			
[d] _____			
Program Fees			
Grants			
Government Support			
Federal			
State			
Local			
Withdrawal from Reserves			
TOTAL CASH INCOME			

1b. EXPENSE OPERATING STATEMENT

EXPENSES	_____ Yr.	_____ Yr.	_____ Yr.
	Actual	Actual	Proposed
Administration Expenses			
Employee Salary			
Employee Benefits			
Advertising			
Bank Charges			
Depreciation			
Insurances			
Legal & Accounting			
Licenses & Permits			
Rentals			
Production/Exhibition			
Office Supplies/Expenses			
Fundraising			
Postage & Delivery			
Printing & Reproduction			
Telephone			
Travel & entertainment			
Capital Expenditures			
[a] _____			
[b] _____			
[c] _____			
[d] _____			
Other Expenses			
[a] _____			
[b] _____			
[c] _____			
[d] _____			
[e] _____			
[f] _____			
[g] _____			
[h] _____			
[i] _____			
Miscellaneous			
[a] _____			
[b] _____			
[c] _____			
[d] _____			
[e] _____			
TOTAL CASH EXPENSES			

2. SUMMARY BALANCE SHEET

2a. ORGANIZATION BALANCE SHEET

CURRENT ASSETS	Yr.	Yr.
	Actual	Actual
Cash and Investments		
Accounts Receivable		
Accrued Interest Receivable		
Due from other Funds		
Other Current Assets		
[a] _____		
[b] _____		
[c] _____		
[d] _____		
TOTAL CURRENT ASSETS		
OTHER ASSETS	Yr.	Yr.
	Actual	Actual
Building		
Equipment		
Less Accumulated Depreciation		
Accrued Wages Payable		
Other Assets		
[a] _____		
[b] _____		
[c] _____		
[d] _____		
TOTAL ASSETS		
CURRENT LIABILITIES	Yr.	Yr.
	Actual	Actual
Accounts Payable		
Due to Other Organizations		
Accrued wages Payable		
Employee Benefits		
Inventories		
Due to Other Funds		
[a] _____		
[b] _____		
[c] _____		
[d] _____		
TOTAL CURRENT LIABILITIES		
Advances From Other Funds		
[a] _____		
[b] _____		
[c] _____		
[d] _____		
TOTAL LIABILITIES		
TOTAL FUND EQUITY		
TOTAL LIABILITIES AND FUND EQUITY		

STATEMENT OF ASSURANCES

The applicant hereby agrees that if funds are provided:

It will conduct its operations in accordance with the City of Coffeyville's requirements which bars discrimination against any employee, applicant for employment, or any person participating in any sponsored activity on the basis of race, creed, color, national origin, religion, sex, age, or physical or mental disability; and

It will expend funds received as a result of this application solely on the described activities. If it is determined that City-appropriated funds are utilized in any way other than originally intended, the amount of the City-appropriated funds shall immediately be reimbursed to the City of Coffeyville. The applicant also affirms:

The figures, facts, and representations made in this application, including all exhibits and attachments, are true and correct to the best of its knowledge; and

The filing of this application has been authorized by the governing board of the applying Organization.

Please sign and date this form below.

Signature/Chief Executive Officer	Please print name here	Date
Address		Phone