

**City of Douglas**  
**Economic Development Funding Application**

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**1. ATTACHMENTS**

A comprehensive project budget is required for grant request(s). You may use Section 10 below to complete your detailed project budget information, or you may attach a separate sheet.

**2. PROJECT GRANT PROPOSAL – FORM #1 CHECKLIST**

- Proposal overview
- Proposal narrative
- Project budget

**3. PROPOSAL INFORMATION**

<b>Date of application:</b>	
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**4. ORGANIZATION INFORMATION**

<b>Organization Name:</b>	
<b>Primary Contact Name:</b>	
<b>Primary Contact Email:</b>	
<b>Primary Contact Phone:</b>	
<b>EIN#</b>	
<b>IRS Status:</b>	

**5. PROJECT PROPOSAL SUMMARY**

Brief Project Description (also attach full project description per Section 8):	
Anticipated Start Date:	
Estimated Completion Date:	
Population served:	
Geographic area served (e.g. Douglas, Converse County, other):	
Desired impact:	
Promotional activities (e.g. Facebook campaign, advertising, members only, etc.):	

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**6. PROJECT BUDGET SUMMARY**

Total project budget for Fiscal Year:	\$
Total project budget:	\$
Dollar amount requested:	\$
Total matching:	\$
Total In-kind:	\$
Other:	\$
Percent of amount requested of total project budget:	

**7. LIST TOP FIVE MAJOR FINANCIAL CONTRIBUTORS TO PROJECT**

Additional Contributors	Cash Amount	In-kind Amount	C, R or P*
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

\*Indicate a “C” for committed sources of funding, “R” for requested, but not committed sources of funding, and “P” for potential sources of funding.

**8. PROJECT PROPOSAL NARRATIVE AND INFORMATION**

Please use the following outline as a guide to your project proposal narrative. Please respond to each question in the order listed, providing your responses in a separate document. It is not necessary to include the original questions; however, please provide the letter of each question and a space between each response. Please limit your narrative response to no more than three (3) pages. **If a question does not apply to your organization, please put n/a.**

- A. Provide a brief summary of the opportunity, challenges, issues or needs associated with your project.
- B. Provide an overview of the project and denote how it meets community and/or City of Douglas goals.
- C. Describe the time frame in which the project will take place, including completion date.
- D. Describe whether the project is a new or ongoing program for your organization.
- E. Describe your overall goal(s), desired impacts/outcomes for your project, and objectives or ways in which you will meet the goal(s).
- F. Describe your criteria for success. Be as clear as you can about the impact you expect to have. What do you want to happen as a result of your activities and how will you measure the project’s success? You may find it helpful to describe both immediate and long-term effects.
- G. Who will be involved in evaluating this work?

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- H. Who will be involved in completing and maintaining this project, including any associated contractors or other contract labor?  
 I. Are you seeking or have you received any other funding for this project?

**9. OPTIONAL PROJECT BUDGET**

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
<i>Revenue/Earned Income</i>		
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. Other (specify) _____		\$ _____
5. Other (specify) _____		\$ _____
 <i>Support/Contributed Income</i>		
6. _____		\$ _____
7. _____		\$ _____
8. _____		\$ _____
9. _____		\$ _____
10. Other (specify) _____		\$ _____
<b>Total Income</b>		<b>\$ _____</b>
	<u>EXPENSES</u>	<u>Amount</u>
11. Salaries and wages _____		\$ _____
12. Insurance, benefits and related taxes _____		\$ _____
13. Consultants and professional fees _____		\$ _____
14. Travel _____		\$ _____
15. Equipment _____		\$ _____
16. Supplies _____		\$ _____
17. Printing and copying _____		\$ _____
18. Telephone and fax _____		\$ _____
19. Postage and delivery _____		\$ _____
20. Rent and utilities _____		\$ _____
21. In-kind expenses _____		\$ _____
22. Depreciation _____		\$ _____
23. Marketing promotion _____		\$ _____
24. Other (specify) _____		\$ _____
<b>Total Expense</b>		<b>\$ _____</b>
<b>Difference (Income less Expense)</b>		<b>\$ _____</b>

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**10. ADDITIONAL INFORMATION OR COMMENTS**

Please include any additional information here that you feel is pertinent to this project and/or your request for funding that has not already been stated.

**11. SIGNATURE**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<u>Date Received:</u> 	<u>Date of Council Meeting:</u> 	<u>Date of Council Approval:</u> 
<u>Amount Requested:</u> 	<u>Amount Approved:</u> 	<u>Comments:</u> 