



Community Contributions Application Form

Please review the Guidelines before completing this application. **Applications are DUE March 1st.** Please submit this form as a PDF document by email to: contributions@moabcity.org.

Organizational Information

Full Legal Name of Requesting Organization: _____ Date: _____

Common Name of Organization: _____

Street and Mailing Address (if different) _____ City: _____ Zip: _____

Chief Executive's Name, Title, phone and email: _____

Contact Name: _____ Phone number: _____ Email _____

Is your organization a 501(c)(3) nonprofit? (Yes or No) If not, explain your nonprofit status.

Year organization incorporated: _____

Number of full-time-equivalent paid staff: _____

Number of volunteers: _____

Project Information

Name of Project for which you are requesting funds: _____

Project Leader: _____

Project Service Area (City, County-wide, Regional, etc.): _____

Population Served (youth, seniors, etc.): _____

Approximate number of persons served by this project: _____

Duration of Project (short-term or on-going?): _____

Please describe the need for this project in 100 words or less (*Identify the needs your agency or this proposal will address. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.*)

Description of Project (200 words or less) (*Please describe how your proposal will address identified needs, including projected goals, objectives, timeline, anticipated impact. How will you monitor your work and how will you measure success or effectiveness?*)

Financial Information

For this project, dollar amount requested: \$ _____

Total Project Cost (from table below): \$ _____

Date funds are needed (must be used within one year of award date): _____

In the table below, please describe your overall budget for this project.

Expense Category	Approximate Cost
Personnel	
Equipment	
Other (advertising, etc.)	
TOTAL PROJECT COST:	

Describe other potential and actual sources of support for this proposal (50 words or less).

Where do you expect to find future support?

Has your organization received funding from the City of Moab in the past three years? This includes fee waivers and in-kind donations (please describe).

Checklist:

- Financial and Background information: Please attach one page which briefly describes actual income and expenses for your organization as a whole for the past two complete years; funding sources and amounts received from these sources over the past two years (not individual donor names); and your organization's current year operating budget. Optionally, this page may include general background information and accomplishments of your organization.
- Is this application form complete? If you have questions, please email them to contributions@moabcity.org. **Email your application package to this address by March 1st.**
- Proof of 501(c)(3) status with a copy of the IRS determination letter or other documentation proving registration as a Utah Charitable Organization.
- Does your application clearly state the benefits to be derived by the residents of Moab if funds are awarded? Specify the number of residents by age group to be served, and outline your organization's history of providing community services to the residents of Moab, and explain your organization's financial need for public funds.