

CITY OF BASTROP 2023 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Official Name of Organization		Date	
Address	City	State	Zip
Contact Person	E-mai	il	
Phone Number	Fax N	lumber	
Federal ID #	State	ID#	
\$ Funding Amount Requested	If additional space is needed w separate sheet to the applicati		ion, please attach a
If your organization received funding last	year:		
Amout Requested: \$	Amount Funded: \$		
Describe the results you have experience	d with this program and include statistic	:s:	
Specify how the funds will be used for the	e program and how the program service:	s benefit City of Bastrop ci	tizens:



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If requesting a larger funding amount than last year, what specifically will you spend the increase on:				
Identify any in-kind services you need, currently receive, or have	ve received in the past from the City of Bastrop:			
Describe how you will track the number of City of Bastrop citize of Bastrop citizens who received your services in the last 12 mo				
acknowledge that any funding received from the City of Bast according to any requirements set by the City of Bastrop	olication is true and correct to the best of my knowledge. I hereby trop must be expended as I have represented in this application and City Council and to the program guidelines. I agree that if funds are City of Bastrop within ten (10) days from the date the City of Bastrop			
Will you commit to quarterly meetings and leveraging with oth	her non-profit organizations? Yes No			
Authorized Signature for the Applicant	Date			
	Title			
City of Bastrop - Finance Department Use Only]			
Verified current 501(c)3 Status				
Good standing on contract reporting requirments				