



CITY OF BASTROP
2026 COMMUNITY SUPPORT FUNDING APPLICATION
ORGANIZATION INFORMATION

Official Name of Organization	Date
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Address	City	State	Zip
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Contact Person	E-mail
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Phone Number	Fax Number
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Federal ID #	State ID #
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\$ _____
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amount Requested: \$ _____	Amount Funded: \$ _____
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Provide a brief summary of your organization and the program you are requesting funds for:

Describe the results you have experienced with this program and include statistics:

Specify how the funds will be used for the program and how the program services benefit City of Bastrop citizens:



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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 received in the past from the City of Bastrop:

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other 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 requirements