

CITY OF BASTROP
Community Support Funding
Quarterly Submittal Form



Organizational Name: _____

For the Quarter Ended: _____

Please provide a summary of the activities related to the organizations' work and its benefit to the City's citizens for the quarter.

Please identify the number of City of Bastrop Citizens and the services they received during the quarter.

<u>Number of City Citizens served</u>	<u>Service Received by City Citizens'</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attached the following:

Financial statement for the reporting period that indicates how the ORGANIZATION has expended funds provided by the City on the activities previously approved by the City Council

Copies of advertisements and sponsorship materials

Please contact the Finance Department if we can provide you this form through email.