



City of Winter Haven
Application for Donation/Grants
Fiscal Year



The City of Winter Haven is committed to enriching lifestyle through exceptional service.
Our mission is to be the best City through the relentless pursuit of excellence.

Amount requested from the City:

Agency/Organization Name:

Location: Telephone:

Mailing Address:

Director: Title: Phone:

Month and Year Agency/Organization Created:

Agency/Organization's Non-Profit Number as Registered with the Florida Secretary of State:

(provide a copy)

Agency/Organization's IRS Non-Profit Number:

(provide a copy)

What other agencies is your organization affiliated with?

Please indicate which of the following categories you believe your agency/organization's function would best fall within:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> cultural | <input type="checkbox"/> environmental |
| <input type="checkbox"/> historical | <input type="checkbox"/> economic |
| <input type="checkbox"/> educational | <input type="checkbox"/> crime prevention |

Description of Agency/Organization Program

Time frame for which funding is to be used for program:

Start-up date:

Completion date:

1. Agency/Organization description, mission statement, and local history.

2. Who does your organization serve? If you have membership, please provide number. Please give an estimation of City residents involved in your organization.

3. Specifically, how will donation/grant funds be utilized?

4. What will the donation/grant funds help your agency/organization accomplish? Please list the anticipated outcomes grant money will influence.

5. What other agencies/organizations fund your activities? (Express in \$'s and %'s)

6. How will the community benefit from the use of public funds to assist your agency/organization? (Please describe the benefit to the community/public purpose)

7. In what jurisdiction/location do you plan to use the grant money?

8. How do you plan to promote the opportunity affiliated with the grant money?

9. Please attach a copy of the most recent adopted budget of your agency/organization; a copy of the agency/organization by-laws, a list of the agency Board Members and a copy of the Non-Profit State and Federal ID numbers.

Signature of person making application

Date

Typed or printed name of person signing

Title

Should you receive a City of Winter Haven grant, the following will be required:

- Sponsorship statement and City logo on promotional pieces the grant money affects.
- Electronic photographs, when possible, of the grant investment in use.
- Follow-up report with a description of ways the funds were spent, grant impact such as the number of people served, an overview of how the public money affected the services of your organization, and copies of promotional materials.

+++All completed applications and supporting materials are to be submitted electronically to: WHGrant@mywinterhaven.com

Please contact Assistant to the City Manager Donna Sheehan with any questions regarding this application at dsheehan@mywinterhaven.com or call (863) 291-5600.

FOR OFFICE USE ONLY

| | |
|----------------------------------|---------------------|
| Agency Budget | Date received _____ |
| Agency by-laws | Date received _____ |
| Agency board member list | Date received _____ |
| Electronic photographs | Date received _____ |
| Follow-up report as listed above | Date received _____ |