



**City of Tavares  
Community Grant Application  
For Not for Profit Organizations  
General Program Support**

The City Council of the City of Tavares is committed to supporting non-profit agencies that enhance the quality of life for Tavares citizens. To that end, the City Council may budget, on an annual basis money to support non-profit organizations with a 501C3 designation in their efforts to promote the social, emotional and economic well-being of the residents and visitors of the City of Tavares.

**1. APPLICANT ORGANIZATION:**

**LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**501(C)3 NON PROFIT ORGANIZATION'S REGISTRATION NUMBER:** \_\_\_\_\_

*I certify that the information is true and correct and that this application is made solely for the purpose of funding the described service or event. I understand that this application may be rejected if the information provided is incorrect. I also understand that the application does not release the applicant from the responsibility to secure the necessary City, County, State and Federal permits which may be required to conduct any event or provide any service related to the organization.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

2. LIST THE NAME OF THE ORGANIZATION PRESIDENT AND OTHER INDIVIDUALS AUTHORIZED TO EXECUTE CONTRACTS AND OTHERWISE ACT ON BEHALF OF THE APPLICANT:

NAME:

NAME:

NAME:

TITLE:

TITLE:

TITLE:

3. HAVE YOU APPLIED FOR CITY OF TAVARES FUNDING IN THE PAST? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, AMOUNT APPLIED FOR: \_\_\_\_\_

AMOUNT GRANTED AND RECEIVED: \_\_\_\_\_

4. WHAT IS THE PURPOSE OF YOUR REQUEST? WHAT SERVICES OR PROGRAMS WILL BE OFFERED?

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5. WHAT IS YOUR CLIENT BASE AND/OR WHO ARE THE RECIPIENTS OF THE SERVICE WHICH WILL BE PROVIDED? PLEASE INCLUDE GEOGRAPHIC AND DEMOGRAPHIC INFORMATION AS APPROPRIATE:

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6. **WHAT PERCENTAGE OF YOUR CLIENTS ARE RESIDENTS OF THE CITY OF TAVARES?**

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7. **WHAT ARE THE GOALS OF YOUR PROGRAM OR SERVICE TO BE PROVIDED?**

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8. **WHAT AMOUNT ARE YOU REQUESTING?** (Please note that the policy is to award up to \$500 annually per selected agency.) \_\_\_\_\_

**CHECKLIST OF ITEMS TO BE SUBMITTED**

**IN ADDITION TO THIS COMPLETED, SIGNED GRANT APPLICATION, PLEASE ATTACH THE FOLLOWING REQUESTED ITEMS TO YOUR APPLICATION PACKET:**

1. Appendix A: A current list of your Board of Directors or members and officers, including addresses and telephone numbers.
2. Appendix B: Current organizational chart.
3. Appendix C: Copy of 501(C)3 documents.
4. Appendix D: Supporting documents (limited to three) such as brochures, flyers, newspaper articles, sponsorship letters, etc. that describe your organization's activities.

**REVIEW PROCESS**

**PLEASE NOTE:** In order for an application to be considered by the City of Tavares, a representative of the organization may be required to make a presentation at a Committee meeting or City Council meeting to answer questions concerning the organization.

1. Complete, sign and return this application and appendices to the City of Tavares c/o The City Clerk's Office, 201 E. Main Street, Tavares, FL 32778 by the due date.
2. Upon review, the City Council will be provided a list of applications ranked by City staff and submitted by the City Administrator. Council will then award the grants.
3. The City Council will provide final approval of grant awards, and may, at their discretion, elect to withhold a portion of the full community grant account for future applications.
4. Upon final approval, a letter of notification will be sent to the City Clerk and the applicant will be asked to submit an invoice to the City of Tavares, attention: Susie Novack, City Clerk, 201 E. Main Street, Tavares, FL 32778. Successful applicants will be required to submit a completed W9 form to receive payment.