QUESTIONNAIRE FOR COUNCIL AGENDA REQUEST

1. NAME:

2. COMPANY/ORGANIZATION NAME:

3. ADDRESS:

4. CONTACT PHONE NUMBER:

5. EMAIL ADDRESS:

6. TOPIC FOR COUNCIL AGENDA:

7. PROGRAM NAME:

8. WHAT IS THE TOTAL PROJECTED COST?

9. ARE YOU REQUESTING CITY FUNDS?
   YES     NO

10. HOW MUCH CITY FUNDS ARE YOU REQUESTING?

11. IF FUNDS ARE GRANTED BY THE CITY, WHAT EXACTLY WILL THE FUNDS BE USED FOR?
    Ads     
    Sponsorship 
    Other 

12. WHAT IS THE DATE OF WHICH ANY FUNDS ARE NEEDED BY?

13. IF THIS IS A COMMUNITY ACTIVITY, HOW MANY PEOPLE ATTEND/PARTICIPATE IN THIS PROGRAM?

14. HAS YOUR COMPANY/ORGANIZATION PREVIOUSLY RECEIVED FUNDS FROM THE CITY OF FOLEY?
    YES     NO

15. IF YES, HOW WAS THE FUNDS USED AND HOW MANY PEOPLE BENEFITED FROM THE FUNDS?

16. HAVE YOU APPLIED FOR ANY GRANT FUNDS?
    YES     NO
17. WHAT GRANTS HAVE YOU APPLIED FOR?

18. HAVE YOU RECEIVED ANY GRANT FUNDS?
   YES [ ]  NO [ ]

19. IF YOU HAVE RECEIVED GRANT FUNDS, HOW MUCH DID YOU RECEIVE?

20. IF YOU DID NOT RECEIVE GRANT FUNDS, WHY WAS THE GRANT FUNDING DENIED?

21. HAVE YOU SOUGHT ANY FUNDING FROM ANY OTHER RESOURCES?
   YES [ ]  NO [ ]

22. IF SO, WHAT RESOURCES AND HOW MUCH DID YOU RECEIVE?

23. DOES YOUR COMPANY/ORGANIZATION CONDUCT ANY FUND RAISING ACTIVITIES?
   YES [ ]  NO [ ]

24. IF YES, EXPLAIN:

25. DO YOU HAVE A PRO-FORMA OR AN OPERATING STATEMENT? IF SO, PLEASE PROVIDE A COPY.

26. HOW MUCH MONEY WAS PUT IN OPERATIONS OTHER THAN GRANTS?

By filling out this form it does not obligate the City Council to approve this request. The Council legally adopts a budget prior to the beginning of the fiscal year, which is October 1st through September 30th, and may not choose to further obligate the City’s resources. Advertising requests must go through the Marketing Department, and funding requests that are related to schools must go through the South Baldwin Chamber Foundation.

INTERNAL USE ONLY:

DATE APPROVED:__________________
AGENDA DATE:__________________  WORK SESSION____  COUNCIL_____  SENT TO:________________________    DATE:________________________