

City of Lyons

161 NE Broad St Lyons, GA 30436

Office (912) 526-3626

Fax (912) 526-0607



CHARITABLE ORGANIZATION APPLICATION FOR FUNDING

Instructions

Agencies requesting funding shall supply a completed application along with a cover letter explaining how the funds requested will meet a public need of the residents of Lyons, or will supplement an existing service provided by the City of Lyons, or implements an identified goal established by the City Council. Additional information must be submitted as required by the funding application. Proof of non-profit status and financial information must be submitted with the application. Funds not expended for a public purpose shall be returned to the City of Lyons. Request for funding shall be evaluated by the City Council and all decisions on funding remain in the discretion of the City Council. Each application is evaluated on its own merits and previous allocations do not indicate approval or denial.

Procedures

1. Applications will be available on the city's website and at City Hall.
2. Completed applications with all supporting information must be submitted by the first of July for consideration in the following year annual budget.
3. Applications will be forwarded to City Council and decisions on funding must be made prior to August 1 in order to be included in the Manager's Proposed Budget.
4. Rare requests for emergency funds may be submitted throughout the year but funding shall only be made upon a unanimous vote of the City Council. All such requests shall submit the same application with accompanying information required for the normal application process.

All organizations shall certify that the agency will comply with all federal, state and local laws and regulations. Funds distributed by the City of Lyons may only be spent for the authorized purposes. Proof of expenditures may be requested as verification by the City. The organization will submit promptly to the City Manager any information requested related to any program/project for services assisted by the City, and will comply with any audit requirements of the City, or state or federal law.

Any organization receiving funding will hold the City of Lyons harmless from any claim or liability that may arise or result from the operation of any program or services assisted with funding from the City of Lyons.

- Cover Letter
- Application
- Proof of Non-profit Status
- Financial Information (Balance Sheet, 12-month P&L, Audit)
- Board of Directors and paid staff list including name and address, date of appointments and length of terms served.

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DATE: _____

ORGANIZATION NAME: _____

REQUESTED BY: TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

Legal Status () Private nonprofit () Community association () Other
(Please explain in space below)

Agency 201 c 3 Number _____ Or Federal Tax ID Number _____

Amount of City funds requested: \$ _____ For (Check one box below)

() Capital costs (construction or large specific purchase)

() Operating costs

PROGRAM INFORMATION

Describe the overall public purpose your agency meets (pleas limit your response using only the space provided below

Describe the impact city funds would have on your organization (please limit your response using only the space provided below)

Describe the impact your organization has on the quality of life for the citizens of the City of Lyons and Local Toombs County Residents (please limit your response using only the space provided below)

FINANCIAL INFORMATION

List your agency principal sources of funding including corresponding percentages of budget

Provide the following budget expense information in percentages for current year

Salaries and Fringe Benefits: _____% of annual budget

Operating Expenses: _____% of annual budget

CERTIFICATION

As the chief executive officer of this agency, or his/her designee, I certify that the above information is true and complete to the best of my knowledge and belief; I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested

Signature of Executive _____

Date: _____

Date Received: _____ Received by: _____

**CITY OF LYONS CHARITABLE ORGANIZATION FUNDING
EVALUATION FORM**

City of Lyons Charitable Organization
Funding Evaluation Criteria Form

Directions: Each council member will please read the submitted funding applications and use one copy of this form to evaluate each application. Attach the completed evaluation form to each application and organize the applications in order of highest to lowest total scores. Be prepared to discuss your evaluation findings with other council members to determine final results

<p><i>Agency/Organization Name:</i></p>
<p><i>Total score for this application is:</i></p>

Organization and Purpose of Funds Criteria

	High										Low	
1. The application meets a public in need of the citizens of Lyon that is not addressed by the City of Lyons services or supplements an existing service provided by the City of Lyons or implements an identified goal established by the City Council.	10	9	8	7	6	5	4	3	2	1	0	Comments:
2. The percentage of City of Lyons residents served by the funds is high or the service provided to the population directly benefits the City of Lyons.	10	9	8	7	6	5	4	3	2	1	0	Comments:
3. The listed goals or outcomes and plan for the funds are clearly defined and quantifiable.	10	9	8	7	6	5	4	3	2	1	0	Comments:
4. The organization has a high level of coordination and collaboration with other relevant agencies/organizations serving similar populations.	10	9	8	7	6	5	4	3	2	1	0	Comments:
5. The goals and outcomes for the funding serve basic needs of a vulnerable population.	10	9	8	7	6	5	4	3	2	1	0	Comments:
6. Financial statements for this organization demonstrate effective accounting of funds.	10	9	8	7	6	5	4	3	2	1	0	Comments:
7. Organization demonstrates a clear financial need for the requested funds.	10	9	8	7	6	5	4	3	2	1	0	Comments:
8. Organizations funding request is a desirable endeavor and inline with Citizens concerns.	10	9	8	7	6	5	4	3	2	1	0	Comments:

Reviewed by: _____ Date: _____