

City of Evansville 2017 Youth Sports Grant Application

Applicant Information

Organization: _____ Date: _____

Contact Name: _____ Position: _____
Last First

Address: _____
Street Address Unit #

City State ZIP Code

Phone: _____ Email: _____

Is the organization a not-for-profit? YES NO Nonprofit Certificate Number: _____
Is membership open/non-restrictive? YES NO
Is program operated within City of Evansville? YES NO

Purpose

Amount Requested: \$ _____

Purpose of Grant – *specific items to be purchased/services to be performed*

Application Checklist

Please verify that the following items are attached to this application. Incomplete applications will not be considered.

Copy of Nonprofit Certificate Projected Budget showing financial need Estimates/Quotes

Vendor Information: Fill out vendor application at <https://selfservice.evansville.in.gov/MSS/Vendors/default.aspx>

Application Deadline: Friday, February 24, 2017 5:00 p.m.

Return to: Office of the City Clerk, 314 Civic Center Complex, 1 N.W. Martin Luther King Jr, Blvd., Evansville, IN 47708
Or via email to: Betty Becker, bjbecker@evansville.in.gov 812-436-4995

Disclaimer and Signature

I certify that I have read and understand the grant guidelines and deadlines and submitting a complete and accurate application.

Signature: _____ Date: _____