

# City of Evansville 2017 Youth Leadership Grant Application

## Applicant Information

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant an individual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is the applicant an organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, is the applicant: A resident of the City of Evansville?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, is the applicant: A not-for-profit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Younger than 22 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have open/non-restrictive membership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Located within the City of Evansville?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Purpose

Amount Requested: \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application Checklist

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

Copy of Nonprofit Certificate  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](mailto: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: \_\_\_\_\_