

## **Globe City Council Nonprofit Funding Application**

Annually the City of Globe receives requests for funding from local non-profit agencies. Based on these requests, the City typically allocates a portion of its Annual Budget to provide support.

The steps below outline the process of the application and review process:

1. All requests will be submitted to the City of Globe Finance Department. The Finance Department staff will compile and rank the requests and forward recommendations to the City Council.
2. The City Council will review all non-profit requests and approve final recommendation. All meetings will be public meetings, and all packet materials are public documents.
3. The City Council reserves the right to require any non-profit agency requesting funds to make a presentation to the Council prior to any funding decisions.
4. If funded, the City Council reserves the right to require the agency to make quarterly updates to the City Council, to give a report on how the funds have been or will be spent.
5. The following items must be submitted prior to funding consideration:
  - a. A completed copy of the Agency Funding Application.
  - b. A copy of the current IRS 501(c) 3 nonprofit status certification letter.
  - c. A list of the current Board of Directors.
  - d. The most recent copy of an independently audited financial statement (if not available submit an internally conducted and board approved financial audit).

City staff will review all applications. Staff will utilize a score card during the funding review. Following application review the City Council will take final action on the funding requests.

If approved, the funds will be disbursed in the fiscal year applied for. Approved funding under \$1,000 will be disbursed in a lump sum. Approved funding over \$1,000 may be disbursed on a quarterly basis during the fiscal year.

**APPLICATIONS ARE DUE IN THE CITY OF GLOBE FINANCE DEPARTMENT BY 5:00 P.M., APRIL 12, 2018.**





14. To whom does your agency provide services? \_\_\_\_\_.

15. What is the geographic service area of your agency? \_\_\_\_\_

16. If your agency serves non-Globe residents, please indicate the approximate percentage of total persons served outside of the Globe City limits:\_\_\_\_\_.

17. What other area agencies provide similar services? \_\_\_\_\_

18. List any of your agency's sponsors and/or affiliated agencies. \_\_\_\_\_

19. Does your agency contract with the City of Globe (yes or no), any agency of Gila County (yes or no), or the State of Arizona (yes or no) for the provision of services? (circle your responses). If yes, list services provided and with what level of government.

20. Will an evaluation be made at the end of the funded period to determine if agency goals and objectives have been met? Yes or no (circle answer).

21. Is your agency (circle answer):

- Licensed or certified by the State of Arizona? Yes or No
- Chartered as a non-profit corporation by the State of Arizona? Yes or No
- Certified by the Federal Government as a tax-exempt organization under 26 USC 501 (c) 3? Yes or No

22. Is your agency accountable to a governmental agency? Yes or No (Circle answer).  
If yes, what agency?

---

23. Provide the name and title of all bonded agency officials responsible for the authorization of expenditures and the disbursal of funds. Indicate the amount of each bond.

Name and Title Bond Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

24. If the City of Globe previously funded your agency, indicate the percentage of your total annual budget represented by City funding.

\_\_\_\_\_ %

25. What percentage of your proposed 2017-18 budget would the requested funds from the City of Globe represent?

\_\_\_\_\_ %

26. Does a licensed CPA perform an annual audit for all funds handled by your agency?  
Yes or No (circle one).

27. What is the period of your agency's fiscal year: \_\_\_\_\_ to \_\_\_\_\_

28. Is it anticipated that the City will be asked to continue providing funds in the future? Yes or No (circle answer). If yes, estimate your request from the City for the following years:

FY 2018-2019: \$ \_\_\_\_\_

FY 2019-2020: \$ \_\_\_\_\_

29. Other specific comments in support of your budget request.

---

---

---

---

---

---

---

---

---

---

Completed by: \_\_\_\_\_  
(Name and Title)

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