

CITY OF AZTEC
REQUEST FOR FUNDING APPLICATION
FISCAL YEAR 2012
FUNDING APPLICATION DUE MARCH 10, 2011, 6PM

TO:

CITY OF AZTEC
FINANCE DEPARTMENT
201 W CHACO
AZTEC NM 87410
or
klamb@aztecnm.gov

Agreement with City must be current (if applicable)

Documents to be included with Funding Application:

- Board of Directors and Key Staff
- W-9 (information provided on this document will control where funds are issued if granted by City Commission)
- Certificate of Insurance must be current (if applicable)
- Audited financial statement, most recently audited; must be no later than 2009
- Provide a copy of the most recent tax form filed with the IRS by your Organization (e.g., Form 990)
- Explanation of tax exempt revocation (if applicable)

Additional documents to be included with Funding Application if this organization's first funding request since 2009 or documents have changed in the last year

- By Laws must be on file with City
- IRS Non-Profit Status Letter must be on file with City

If your entity does not have any of the above documents, a funding request may still be submitted and may be considered for funding by the commission. If funded, disbursement of funds may be on a reimbursement basis upon submittal of satisfactory documentation of expenditures or the city may administer funds on behalf of the entity.

If your entity received funding during fiscal year 2011 (July 2010 to June 2011), has your entity provided report to the city commission. If not, report must be provided prior to consideration of funding requests which could occur anytime between April 2011 and July 2011. To schedule your presentation, contact Becky Howard, City Clerk, 334-7603, bhoward@aztecnm.gov

The entity will be advised of commission action regarding the funding request. The commission could elect not to make a decision on external funding requests until the final budget approval (June or July). No disbursement of funds will occur until NM DFA has provided final approval of the annual budget (typically occurs in August). The entity must request the disbursement of funds in writing. The request for disbursement should be submitted to Austin Randall, Purchasing Agent, City of Aztec, 201 W Chaco, Aztec NM 87410 or arandall@aztecnm.gov

Questions? Please contact Kathy Lamb, Finance Director, 505-334-7653, klamb@aztecnm.gov

CITY OF AZTEC
REQUEST FOR FUNDING APPLICATION
FISCAL YEAR 2012

Today's Date: 2/7/2011	FUNDING APPLICATIONS DUE: MARCH 10, 2011 6PM
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Organization Name:
[Click here to enter text.](#)

Name of Project/Program/Event:
[Click here to enter text.](#)

What City Commission Goal(s) would this funding address: (Check all that apply)	<input type="checkbox"/> Safe, Clean, Livable Community	<input type="checkbox"/> Cost Effective Public Services	<input type="checkbox"/> Economic Development
<input type="checkbox"/> Financial Stability of Public Funds	<input type="checkbox"/> Local / Regional Partnerships	<input type="checkbox"/> Environmental Practices	<input type="checkbox"/> Enhance Quality of Life
<input type="checkbox"/> Citizen Involvement			

FUNDING REQUEST INFORMATION

Describe the need for the funding:
[Click here to enter text.](#)

Describe how funding would be utilized:
[Click here to enter text.](#)

Location of project site (maps may be attached):
[Click here to enter text.](#)

How will success of the project be measured?
[Click here to enter text.](#)

Total Amount Requested: Click here to enter text.	Minimum Amount : Click here to enter text.	Date Funding Required: Click here to enter a date.
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Can project be phased? If so, describe the phases including timelines.
[Click here to enter text.](#)

PROJECT TYPE	START	END	AMOUNT REQUESTED	MATCHING FUNDS	TOTAL PROJECT BUDGET
Construction/Renovation	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Design/Engineering	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Equipment	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Vehicle	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Special Program or Event – attach detailed description, budget and marketing materials/brochures for program or event	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Totals			Click here to enter text.	Click here to enter text.	Click here to enter text.

ORGANIZATION INFORMATION

Organization Legal Name:	Website:
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Click here to enter text.		Click here to enter text.	
Organization Main Address: Click here to enter text.	City: Click here to enter text.	State: Click here to enter text.	ZIP Code: Click here to enter text.
Organization <u>Mailing</u> Address: Click here to enter text.	City: Click here to enter text.	State: Click here to enter text.	ZIP Code: Click here to enter text.
Principal Contact: Click here to enter text.		Phone Number: Click here to enter text.	Fax Number: Click here to enter text.
Title: Click here to enter text.		Email Address: Click here to enter text.	
Chief Executive Officer (or equivalent): Click here to enter text.		Phone Number: Click here to enter text.	Fax Number: Click here to enter text.
Title: Click here to enter text.		Email Address: Click here to enter text.	
What Type of Service does the Organization Provide (Check all that apply)			
<input type="checkbox"/> Educational		<input type="checkbox"/> Child Care	
<input type="checkbox"/> Youth Services		<input type="checkbox"/> [Other]	
<input type="checkbox"/> Housing / Homeless	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Drug / Alcohol Related	<input type="checkbox"/> Recreation
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Community Event		
EIN/Taxpayer ID Number: Click here to enter text.	Indicate Tax Status of Organization (include IRS letter of determination): Click here to enter text.	Has the Organization's tax-exempt status been revoked in the past five years? If yes, attach explanation Choose an item.	
Briefly describe mission, history and principal programs and activities of the Organization: Click here to enter text.			
Has entity received funding from the City of Aztec previously? If so, when, amount received and how funds were used: Click here to enter text.			
How many paid full-time equivalents does the Organization have? Click here to enter text.		How many paid part-time equivalents does the Organization have? Click here to enter text.	
Are Organization services and/or programs available to all residents of the City of Aztec? If no or restricted, please explain. Click here to enter text.		Are fees charged for services? Click here to enter text.	
Is membership in the Organization required to participate in any of the Organization programs or to be a recipient of Organization services? Click here to enter text.		Have other organizations, firms, individuals provided or will provide funds or services for this project? If yes, please describe. Click here to enter text.	

REPRESENTATION

I, [Click here to enter text.](#), as [Click here to enter text.](#) (Title) have the authority to submit this capital funding request on behalf of [Click here to enter text.](#) (organization's legal name). and certify that all information submitted (including attachments) are factual, accurate, and complete to the fullest extent of my knowledge and that this request form has been completed with the best efforts of the above named Organization. By my signature, the Organization acknowledges if funding is granted, the requirement to provide report to the City Commission (report, at minimum, should include how funds were expended, accomplishments, and sustainability of program, event or project by organization).

Signature

Date