

# CITY OF CREEDMOOR

# Community Activity Funding Request Form

Submit original form to: Finance Dept / Creedmoor City Hall / PO Box 765 / Creedmoor NC 27522

Requests must be submitted May 1 of each year for funding requests to be considered in the upcoming fiscal year, beginning July 1 and ending June 30. The maximum funding available per fiscal year is \$200 per organization or group.

1. Group Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

2. Contact Person  
Name/Title: \_\_\_\_\_ Email: \_\_\_\_\_

3. Amount of City funding provided in previous fiscal year(s):  
Fiscal Year \_\_\_\_\_ \$ \_\_\_\_\_ Fiscal Year \_\_\_\_\_ \$ \_\_\_\_\_  
**Amount of City funding requested in upcoming fiscal year** \$ \_\_\_\_\_

4. Why are the City of Creedmoor's funds being requested? Is this event or program taking place within Creedmoor City limits? If this is an event, please provide the date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If this event/program is provided outside City limits, describe how Creedmoor citizens can access this program.

\_\_\_\_\_  
\_\_\_\_\_

6. How many Creedmoor citizens are served by your organization? Describe how this amount was determined.  
Note: Sorting by the 27522 Zip Code is not acceptable.

\_\_\_\_\_  
\_\_\_\_\_

7. Include any other information you believe supports this funding request and attach additional pages, if necessary. This information will be reported to the Finance and Intergovernmental Relations Committee.

\_\_\_\_\_  
\_\_\_\_\_

8. What type of request is this? (Check ONE)  Funding Request  Reimbursement (Receipts Attached)

I, the undersigned, recognize that if this request is funded, it is done so with taxpayer supported funds. The requested funds will be used for a public purpose. I understand funding is at the discretion of the Creedmoor Board of Commissioners, and is subject to the availability of unencumbered funds, as determined by the City Manager and/or the Finance Director. Successful funding in one year is not a guarantee of funding in future years.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

### Internal Review

Approved  Not Approved  
Finance Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Current General Ledger Line Item Balance \_\_\_\_\_

Approved  Not Approved  
Programs Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Total Criterion Ranking Score \_\_\_\_\_

Approved  Not Approved  
City Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Comment (if any) \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_