



City of Destin

4200 Two Trees Road
 Destin, FL 32541
 850-837-4242

Application for Financial Assistance

Please Type or Print

ORGANIZATION NAME:	TAX EXEMPT NUMBER:
CONTACT PERSON:	TITLE:
CONTACT ADDRESS:	CONTACT PHONE:
CSZ:	EMAIL:
ORGANIZATION ADDRESS:	FAX:
CSZ:	ALT.PHONE:

Qualifying Category: (check one)

_____ **Cultural, Recreational, Environmental**- includes those which are associated with artistic, historic, or museum endeavors, recreation and leisure services, or environmental benefit.

_____ **Economic** -those organizations which provide economic influence to the community.

_____ **Human Services** – providing basic services which meet our community’s needs.

_____ **Youth**- those organizations or clubs that enhance the development of Destin’s youth. (NOTE: special guidelines apply to include City volunteer services for contributions to youth organizations.)

Specific Amount that is requested: \$ _____ Date Funding is needed by: _____

Should funding be approved, the check should be made payable to: _____

For your application to be considered the following items should be include:

- A. Completed Application
- B. Proof of Tax Exemption
- C. Financial Statement
- D. List of current fund raising efforts and potential amount to be raised.
- E. Number of Destin Residents that is in your group
 - _____ Youth Destin Residents _____ Youth Non Residents
 - _____ Adult Residents _____ Adult Non-Residents

1. Briefly explain the nature of your organization, it's mission, goals and objectives; Explain how your organization benefits the City's mission/goals/objectives.

2. Is your organization physically located within the Destin City Limit?
3. How will the requested funds be used?
4. Who and how many Destin residents are eligible to benefit from the services provide through your organization?
5. Has your organization received any in-kind contributions/facilities from the City in the past?
6. When was the most recent contribution from the City received?
7. In what amount were the most recent contributions by the City?
8. Do you receive funding from any other municipality?
If yes, how much? _____?
9. What percentage of your annual income are you requesting?

For Organizations Other than youth.....

10. How many paid staff members does your organization employee?
11. How many volunteer staff members does your organization utilize?

For YOUTH organizations only

12. How Many participants/members are in your club or on the team?
13. Of the above numbers, how many are Destin residents?
14. Is the coach(es) or sponsor(s) paid by the group/organization?
(If coach/sponsor receives additional salary/stipend for time with group, the answer is yes).

By signing this form, I confirm my understanding that if financial assistance is awarded by the City of Destin, I will be responsible for the receipt of public funds and disbursement of any such funds which are received in accordance with the uses, guidelines and conditions I have stated above; and that I must attach proof of tax-exempt status and financial statement for the organization's expenditures for the previous fiscal year to this application. I further understand that my organization or club may be required to perform volunteer hours at a city facility in exchange for said contribution and if applicable, I agree to supervise the group's work schedule.

Signature of Applicant: _____ Date: _____

School Principals or Agency Directors Signature: _____

Please look over you application prior to submission. Incomplete applications will NOT be considered.

The **ORIGINAL** application and ten (10) 3 hole punched copies must be received by the deadline of the quarter in which you are applying. Please send or deliver the above to:

City of Destin
City Clerk
4200 Two Trees Road
Destin, FL 32541