



# City of Marco Island

Parks and Recreation Department

1361 Andalusia Terrace, Marco Island, FL 34145

## COMMUNITY GRANTS PROGRAM – GRANT APPLICATION

For office use only

FY \_\_\_\_\_ APPL# \_\_\_\_\_ APPROVED \_\_\_\_\_ AMT\$ \_\_\_\_\_ DENIED \_\_\_\_\_

Important: Read the Marco Island Guidelines before you complete this application. Incomplete forms will not be reviewed. Your completed application with supplemental materials must be submitted to the address listed above by October 31, 2009.

### Section A – Applicant Information

Applicant Organization's Federal ID No. \_\_\_\_ - \_\_\_\_\_ Only organizations having a not-for profit status may apply

Total Grant Amount Requested \$ \_\_\_\_\_ Grant request may not exceed 50% of event budget

Event budget \$ \_\_\_\_\_ Event budget for last completed fiscal year \$ \_\_\_\_\_

Applicant Legal Organization Name \_\_\_\_\_ DBA (including doing business as...Organization name) \_\_\_\_\_

Organization Local Address \_\_\_\_\_

Organization Mailing Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

In addition to completing this application form, applicants must submit the required information identified in the program information packet. Incomplete applications will be returned to applicant. Information packet is available at the City of Marco Island website ([www.cityofmarcoisland.com](http://www.cityofmarcoisland.com)) and through the Parks and Recreation Department.

City of Marco Island – Parks and Recreation Department

1361 Andalusia Terrace, Marco Island, Florida 34145 T. 239.389.3903 F. 239.389.0237 W. [www.cityofmarcoisland.com](http://www.cityofmarcoisland.com)

**Section B - Budget Information**

Please attach Financial Statement for last completed fiscal or calendar year.  
 Please provide a summary budget on the form below and attach a detailed budget breakdown.  
 Operating Budget - Please note, with asterisks (\*) expense lines where City of Marco Island funds will be applied.

<b>EXPENSES</b>	<b>INCOME</b>
A. Salaries / Fees	A. Earned Income \$ _____
1. Artists/Performers/Speakers _____	
2. Administrative _____	B. Non-Government
3. Program Staff (hourly) _____	1. Corporate / Business _____
4. Other (Specify) _____	2. Foundations _____
Subtotal Salaries / Fees \$ _____	3. Clubs / Organizations _____
B. Space Rental \$ _____	4. Other (Specify) _____
C. Travel \$ _____	Subtotal Non Government \$ _____
D. Marketing \$ _____	C. Government
E. Programming Costs including Materials & Supplies	1. Other City or County sources- please list _____
\$ _____	2. Other State of Florida Culture based support _____
F. Remaining Costs	3. Federal Sources _____
1. Equipment rental _____	Subtotal Government \$ _____
2. Printing _____	D. Applicant Cash \$ _____
3. Office Supplies _____	E. Cash Request from City of Marco Island
4. Shipping/Postage _____	\$ _____
5. City in-kind Services _____	F. Service Request from City of Marco Island
6. Utilities / Telephone _____	\$ _____
7. Insurance _____	
8. Other (explain) _____	
Subtotal Remaining Costs \$ _____	
Attach additional pages as needed to illustrate details of expenses listed above.	<b>TOTAL OPERATING INCOME</b> \$ _____
<b>TOTAL OPERATING EXPENSES</b> \$ _____	

**Section C – Authorized Signatures**

Authorized Signatures: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees to the required acknowledgement will be given to the City of Marco Island, if the application is approved.

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