



COMMUNITY PROMOTIONS FUNDING APPLICATION

Date: _____

Organization name: _____

Mailing Address: _____

Contact information: (name) _____
(phone) _____
(email) _____

- Nonprofit status: attach IRS letter and latest 990 filing.
- Attach a list of current Board of Directors for your organization.

Area of service - please circle all that apply:

- Agriculture
- Art
- Economic Development
- Education
- History
- Recreation/Health

Project/Program: Please briefly describe your organization's mission. Please give an overview of the project or program community promotions funding will serve and how it benefits our County and residents:

Funding request for FY24-25: \$ _____

The undersigned agent for the above named organization hereby certifies that he/she is authorized to make application for Community Promotion Funding. That he/she will provide all information requested in the application and that the organization agrees to provide any additional information requested by Madison County, including, but not limited to review of financial statements, audits, budgets pertaining to the proposal and other information that may be contained in the funding guidelines. The undersigned certifies that he/she has reviewed the funding guidelines provided with this application. The undersigned understands that funding is not guaranteed in any fiscal year and the organization will be required to enter into a contract with the County prior to receiving funds if so awarded

NAME OF ORGANIZATION

BY:_____

Printed Name and Title

Deadline for consideration of this application is _____

Staff use only:

- Date received:_____
- Application complete
w/ required attachments:_____
- Legal review:_____
- Award: \$_____
- Contract received:_____