

## CITY OF BASTROP 2025 COMMUNITY SUPPORT FUNDING APPLICATION

## **ORGANIZATION INFORMATION**

Official Name of Organization		Date			
Address	City	State	Zip		
Contact Person	E-mai	il			
Phone Number	Fax N	lumber			
Federal ID #	State	ID#			
\$ Funding Amount Requested	If additional space is needed w separate sheet to the applicati	I space is needed when filling in the application, please attach a eet to the application.			
If your organization received funding last	year:				
Amout Requested: \$	Amount Funded: \$				
Describe the results you have experience	d with this program and include statistic	:s:			
Specify how the funds will be used for the	e program and how the program service:	s benefit City of Bastrop ci	tizens:		



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Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:  Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.  The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.  Will you commit to quarterly meetings and leveraging with other non-profit organizations?  Yes No  Authorized Signature for the Applicant  Date  Title  City of Bastrop - Finance Department Use Only	If requesting a larger funding amount than last year, what spec	cifically will y	ou spend the increase on:		
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T TOOGA Standing on contract reporting requiringing	<ul><li>✓ Verified current 501(c)3 Status</li><li>✓ Good standing on contract reporting requirments</li></ul>				