Community Promotions Grant Application
City of Delaware

The Community Promotions Grant program is established to financially assist non-profit organizations that directly and positively impact the community, promote the City of Delaware and enhance its quality of life. These grants are awarded to a specifically identified program or project and not for operational needs. All requests must be submitted electronically. Only timely and **complete** applications including **all** documentation will be considered for funding. Grant funding will be through hotel bed taxes and not through general income taxes.

GENERAL INFORMATION

Organization Name: _____
Address: _____
Phone: _____
Email: _____
Federal Tax ID#: _____
Non-Profit Status (Attach Proof of Status): _____

PROJECT/ PROGRAM INFORMATION

Name of the Project or Program: _____
Describe how the project/program promotes the City:_____
_____
_____
_____
_____

How will this project or program directly or indirectly improve the quality of life in the City of Delaware? _____
_____
_____
_____
_____

How many citizens will be directly served by this Project or Program: _____

Describe the economic impact of the project/program on the City: _____
_____
_____
_____

_____

How many citizens are directly served annually by your organization: _____

Is this a one-time funding request for this Project or program or will City funds be requested in future years? _____

Note: Applicants can submit requests annually. However, one goal of the City is to provide funds that will be used to help create self-sustaining projects or programs. As a result, the City awards additional points for one time funding requests.

Total amount of funds requested through the Community Promotions Fund: _____

How will the funds be used?

_____
_____
_____
_____

How will it impact the project or program if it is partially funded through this source?

_____
_____
_____
_____

Do you intend to leverage any funds received through this grant to raise additional funds?
If yes, please explain._____
_____
_____
_____
_____

REQUIRED ATTACHMENTS

Attach a list of all of your public and private funding sources for this organization.
Attach a list of your organization's current and forecasted projects and programs

Please Note: Funding requests will be evaluated based on the criteria established in the process (attached). **It is understood that all grant recipients are to provide a written report describing how the funds were used to include a summary evaluating the success of the program. Failure to responsibly provide this information will make any future applications ineligible for consideration.**

Date: _____ Signed: _____

Title: _____

Submit all questions to the City Manager's Office via email to cmo@delawareohio.net.