



CITY OF

**SCOTTSVILLE**

*The Friendly City*

**2025-2026**

**CIVIC AND COMMUNITY ORGANIZATIONS**

**FUNDING APPLICATION PACKET**

**APPLICATIONS DUE BY**  
**April 30, 2025**

AT

City of Scottsville

201 W. Main St.

Scottsville, KY 42164

Phone: (270) 237-4472 Fax: (270) 237-4922

[eanderson@cityofscottsville.org](mailto:eanderson@cityofscottsville.org)

## **GENERAL APPLICATION INFORMATION**

1. This application should be used by any non-City organization or agency requesting funding from the City's General Fund budget. Efficient use of taxpayer dollars is an essential part of local budget preparation. The purpose of this application is to assist the City in determining the most effective use of City funds.
2. Applications are due by April 30, 2025.
3. Private individuals are not eligible to submit project applications. Projects must benefit a group of people and be administered by an agency, organization, or business (i.e., a legal entity).
4. The application must stand alone and will serve as the primary vehicle for applicants to provide information on their request. However, applicants may also be asked to submit additional information. Note: An appropriation of funds in one fiscal year does imply a commitment by the City to provide funds in subsequent years.
5. Leveraging of funds is an important consideration to the City in reviewing funding requests. While pleased to contribute toward meritorious activities, the City prefers to invest where other funding entities also contribute substantially to the cost.
6. Funding disbursements will be made at the City's discretion. The City reserves the right to adjust the payments should local budgetary circumstances so require.
7. Submit **one (1) original copy** of the application. Note: All attachments to the application must be included in the original and all copies. You may send your application electronically in pdf format to [banderson@cityofscottsville.org](mailto:banderson@cityofscottsville.org), fax, regular mail or hand delivery.
8. The application package must include the following:
  - (1) **Completed application form**
  - (2) **IRS 501 (C) Tax Exemption Determination Letter, if applicable**
  - (3) **Current List of the Organization's Board of Directors** (if applicable)  
**Indicating their addresses, telephone numbers, and terms of appointment**
  - (4) **Organization's Most Recent Audit/Financial Statement**
  - (5) **Evidence of Insurance** (Listing of policies by type and coverage amount, indicating policy end dates, or copies of certificates of insurance.)

**City of Scottsville Funding  
Application Form  
For Fiscal Year July 1, 2025 - June 30, 2026**

**Name of Applicant:** \_\_\_\_\_

**Applicant Contact Information:**

President/Manager \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different than mailing address):  
\_\_\_\_\_

**Amount of City Funds Requested:** \$ \_\_\_\_\_

Total Annual Operating Budget: \$ \_\_\_\_\_

**Description of Activity:** (Attach additional pages if necessary)

**Explain why financial assistance from the City is necessary to provide these services:**

**List other funding sources that are being sought along with this request for City funding:**

**How does this program create a unique and valuable impact in our City?**

**Other comments:**

\_\_\_\_\_  
Signature: Applicant Authorized Representative

\_\_\_\_\_  
Date

**SAMPLE BUDGET**

<b>Revenue</b> (List all Project Funding Sources, with HUD first)	<b>Amount</b>	<b>Status</b> Received, applied for, etc.	<b>Anticipation Date</b>
City General Funds	\$12,000	Applied for	7/1/13
Donations/Fund raising	\$5,000	Applied for	6/1/13
United Way Grant	\$7,000	Received	N/A
Fees for service	\$21,250	Ongoing	7/1/13
<b>Total</b>	\$45,250		

<b>Expenses (list)</b>	<b>Total</b>	<b>City Funds</b>	<b>Other Funds</b>
Staff Wages	\$20,000		\$20,000
Staff Benefits	5,000		5,000
Staff Travel	1,500		1,500
Telephone	2,500		2,500
Copying	750		750
Training Supplies	9,500	6,000	3,000
Bus Passes	1,000	1,000	
Child Care	5,000	5,000	
<b>Total</b>	\$45,250	\$12,000	\$33,250

### BUDGET FORM

<b>Revenue</b> (List all Project Funding Sources)	<b>Amount</b>	<b>Status</b> Received, applied for, etc.	<b>Anticipated Notification Date</b>
<b>Total</b>			

<b>Expenses (list)</b>	<b>Total</b>	<b>City Funds</b>	<b>Other Funds</b>
<b>Total</b>			