



COMMUNITY CASH SPONSORSHIP APPLICATION

Part 1: Applicant Information

- 1) Legal name of organization: _____
- 2) Mailing Address: _____
- 3) Date of Incorporation: _____
 - a) Does your corporation/organization fall within Section 501(c) (3) or Section 501(a) of the Internal Revenue Code? Yes No (please attach proof of exempt status)
 - b) Are you a for-profit entity? Yes No
- 4) Chief Executive Officer: _____
Telephone: _____
Mailing Address: _____
- 5) Contact Person (if different from above): _____
Telephone: _____
Email: _____

Part 2: Request Information

- 1) Cash Request Amount: _____
- 2) Provide a brief description of the organization's goals and objectives:

- 3) Provide a brief description of how City funds would be spent and identify the community need(s) to be addressed. This should include what exactly will be provided and to how many people (City residents).

- 4) How will the recommended funding complement the array of City services currently being provided to City residents? _____

- 5) Will the recommended grant amount result in the leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match?
Yes No
a) If yes, what is the ratio of this other funding to the City's funding request? _____
- 6) Does your organization receive support from any other organizations or individuals?
Yes No
a) If yes, please list the amount(s) and source(s). _____

- 7) What percentage of your organization’s budget is direct delivery of service as opposed to “overhead”? _____
- 8) Please provide a copy of your most current approved budget.
- 9) PERFORMANCE MEASURES

Please list below the various levels of service [performance measures] that your organization will be providing to residents of the City of Ocala.

	Most Recently Completed Year	Current Year Estimated	Next Year Proposed
Total Persons Served			
Number of City residents served			

Part 3: Event Sponsorships Only

- 1) Provide the address of the event location. _____

- 2) Provide evidence of grant application to the Ocala Marion County Visitors and Convention Bureau Special Events Tourism Development Grant Program.
- 3) Provide event budget.

Part 4: Conditions

- 1) In the event that the funds are not used for the purpose as described in the application, or if there are misrepresentations in the application, all ineligible expenses as deemed by the City shall be repaid to the City of Ocala.
- 2) If there are any changes in the funding of the request from that described in this application, the funding recipient must provide written notification of these changes within five (5) business days to the City Manager for approval by the City Council.
- 3) The organization will make or continue to make attempts to secure funding from other sources.
- 4) If the purchase/program proposed in the organization’s application is not started, or not completed, and municipal funds remain on hand, or the purchase/program is completed without requiring the full amount of municipal funds, these funds will be returned to the City through the City Manager’s Office.

Part 5: Certification

The signature below certifies that to the best of my knowledge the information provided in this application and any associated attachments is accurate and complete and is endorsed by the organization that is represented. If the organization receives funding through the City's Community Cash Sponsorship program, I agree to the conditions above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please submit to Office of Business & Financial Services 110 E Watula Ave Ocala, FL 34471 by the first Monday in May.