

**CITY OF URBANDALE FUNDING REQUEST FORM - FY24-25**



**This form must be submitted by November 30th at 5pm in order to be considered for FY24-25 funding. Submissions may be sent electronically or dropped off at City Hall. Failure to fully complete the application &/or submit all required attachments by deadline will disqualify the request. Please contact Nicci Lamb at 331-6701 or nlamb@urbandale.org with questions.**

1	Organization's Name:	
2	Organization's Website Address (if available):	www.
3	Is your organization exempt from federal income tax under the Internal Revenue Code or is an agency of a local government?	Yes No
4	Is your organization eligible for funding through Bravo Greater Des Moines? For information visit <a href="http://www.bravogreaterdesmoines.org">www.bravogreaterdesmoines.org</a> If YES, you are not eligible for City Funding.	Yes No
5	Does your organization's purpose, or specific item requested for funding benefit recreation, convention, cultural, or entertainment facilities, or results in or promotes tourism or convention activities in Urbandale and the Greater Des Moines area? If yes, answer #5a, if no, skip to question #6	Yes No
5a.	If yes to #5, then further identify which category your funding request falls into:  <input type="checkbox"/> Capital-related <input type="checkbox"/> Special Event/Project <input type="checkbox"/> Debt Service	
6	If yes to question #5, skip this question. Does your organization's purpose, or specific item requested for funding provides a direct benefit to the Urbandale community through economic development, volunteerism, and/or providing health/human services to the community? If yes, answer #6a, if no to both question #5 and #6, then your organization does not qualify for funding.	Yes No
6a.	If yes to #6, then further identify which category your funding request falls into:  <input type="checkbox"/> Capital-related <input type="checkbox"/> Special Event/Project <input type="checkbox"/> Human Services program <input type="checkbox"/> Economic Development	
7	Specific Funding Amount Requested	\$
8	Briefly describe what your organization will do with the requested funding and indicate any organizational/outside funding match for your request (more detailed information can be provided as attachment):	
9	Is your organization registered with the State of Iowa (Office of the Secretary of State)?	Yes No
9a.	If Yes, what is your State Corp. Number:	#
10	Have you attached a current 2023 financial balance sheet <b>AND</b> income statement for your organization <i>that represents a full year of income</i> activity? Tax forms are not an acceptable format.	Yes No
11	Do you understand that a representative of your organization <b>MUST</b> attend the <b>December 12, 2023 City Council meeting at 6pm</b> and present a short overview of your funding request? <i>Failure to attend will disqualify your funding request.</i>	Yes No
12	Have you attached a description of your Agency's program?	Yes No
13	Did the City fund your organization last year? If yes, but you have not yet requested your funds, include a timeline of when you anticipate the funds to be drawn down.	Yes No
14	Complete the following contact information related to this funding request (where award notices will be sent):	
	Contact E-mail Address:	
	Contact Name:	
	Contact Mailing Address:	
	Contact Phone #:	

FOR INTERNAL USE ONLY Finance/Records Review		
Does the request meet criteria to consider for funding?		
Yes	No	If no, denied due to:
Consider for Funding from:		Date Form Received:
Hotel-Motel	General Fund	Date Reviewed:
Reviewed by:		