

# City of Paducah Quality of Life Agency

## MicroGrant Application

\*If you are applying for more than \$5,000, please fill out the Standard Grant Application.\*

### BASIC INFORMATION

Date of Application: \_\_\_\_\_

Name of Organization: (Please list exact legal name)

\_\_\_\_\_

Project or Program Name/Short Title: \_\_\_\_\_

Address of Organization:

\_\_\_\_\_  
\_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Is your organization an IRS 501(c)3 non-profit?  Yes  No

Please check the type of grant your organization is applying for:

MicroGrant (Less than \$5,000)

### FINANCIAL

Grant Request Amount: \$\_\_\_\_\_ (Must be less than \$5,000 For MicroGrant eligibility)

Total Project Budget: \$\_\_\_\_\_

Total Organization Budget for the Current Fiscal Year: \$\_\_\_\_\_

Total City of Paducah allocation from previous Fiscal Year (if applicable): \$\_\_\_\_\_

Number of years the organization has received City of Paducah funding (if applicable):

\_\_\_\_\_

Has your organization received in-kind contributions (facilities, police personnel, garbage collection, barricades, restroom trailer etc.) from the City of Paducah within the last 5 years?

Yes     No    If yes, please explain:

How will the program/project scope and availability change if your organization is not selected as a grant recipient?

Please list the foundations, corporations and other sources that you are soliciting for funding, and to the best of your knowledge, the status of your proposal with each.

### **ALIGNMENT**

How does this project/program align with the City of Paducah's Strategic Plan?

The Strategic Plan can be found at <https://ourpaducah.us/> If you have questions relating to this portion of the Application, please contact Assistant City Manager Michelle Smolen at [msmolen@paducahky.gov](mailto:msmolen@paducahky.gov)

Please list the Paducah Strategic Plan Item Code(s) this project aligns with: \_\_\_\_\_

### **LEVEL OF SERVICE**

Are you aware of another organization providing this same service in our community?

How will this project be publicized to the general public?

What is the general age range this project/program will serve?

Please list the number of paid full-time staff; number of paid part time staff; number of volunteers that will be working directly with the project/program.

### **IMPACT**

How many Paducah citizens will this project/program serve?

Is there a fee for citizens who will be served by this project/program? If so, how much is the fee?

How will this project/program improve the quality of life of the citizens it serves and the general populace of Paducah?

## **PROPOSAL**

Proposals should include the following:

### **Proposal Summary** – *one page maximum*

Summarize the purpose of your agency, the reason your agency is requesting grant funds, what outcomes you hope to achieve, and how funding will be allocated if granted.

## **ATTACHMENTS**

Please attach the following:

- 1. FINANCIAL REVIEW OR ANNUAL AUDIT.**
- 2. CURRENT OR PROJECTED EXPENSE BUDGET FOR THE PROPOSED PROJECT/PROGRAM.**
- 3. A copy of your most recent IRS TAX EXEMPT LETTER.**