APPLICATION SUMMARY

Name of Lead Agency:

|  |
| --- |
|  |

Name of Project to be Funded:

|  |
| --- |
|  |

Amount Requested:

|  |
| --- |
|  |

Number of City Residents Served:

Number of Employees:

|  |  |  |
| --- | --- | --- |
| **Full-Time** | **Part-Time** | **Volunteers** |
|  |  |  |

**Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.**

Agency’s Mission Statement:

|  |
| --- |
|  |

Project Synopsis:

|  |
| --- |
|  |

Need Addressed: (i.e. food, shelter, childcare)

|  |
| --- |
|  |

**Type of Funding Sought:** (check all that apply)

Capital Investment

Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

|  |
| --- |
|  |

Other (Please Specify)

**Itemized Costs:**  (in order of priority)

|  |  |
| --- | --- |
| **Item Name** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Requested** |  |
| **Total Project Cost** |  |

For Office Use Only

**Past SSF Funding:**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Status | Title | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Staff Comments:**