

CITY OF ST. MATTHEWS
3940 GRANDVIEW AVENUE
P.O. BOX 7097
Louisville, KY 40257

APPLICATION OF FUNDING

(Please Type or Print)

1. Name of organization, group, or entity requesting funds:

2. Total amount of funding required: _____

3. Does applicant agree to provide financial documentation upon council request? Yes ___ No ___

4. Amount of funding sought from City of St. Matthews: _____

5. Specific description of how funds will be utilized:

6. Has the City of St. Matthews provided funding, for any purposes, within the past two (2) years?
Yes ___ No ___

If Yes, provide details:

The undersigned, the authorized officer or agent of _____, hereby certifies that _____ is not a for profit entity, that the proceeds of any disbursement from the City will be used solely for the purposes set forth herein, and further that _____ does not discriminate against any person or entity on the basis of race, color, religion, sex, or national origin.

Print Name Date Submitted

Phone (Day) _____
Phone (Night) _____

Complete return mailing address:
