

CITY OF ST. MATTHEWS
3940 Grandview Avenue
St. Matthews, KY 40207

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 most recent budget or tax statement? Yes____No____Please attach.

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:
