

**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 the 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.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Complete return mailing address:

No./Street: \_\_\_\_\_ Phone (Day) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Night) \_\_\_\_\_