

## CITY OF WARWICK 2023-2024

**ORGANIZATION:** CONTACT PERSON: ADDRESS:

TITI TEL	LE: EPHONE #:  AIL ADDRESS:
FUN	DING REQUEST: ALLOCATION: (For City Use Only)
1.	Enter a brief description of the program and its overall goal(s) for which you are requesting funding:
2.	List the total number of clients (unduplicated) your organization services:
3.	How many of your service population are Warwick residents?
4a.	Is this service/program new this fiscal year?
4b.	If yes, explain the reason for its establishment:
5a.	What is the evaluation of last year's program funded by Contributive Support?
£1.	Number of clients conside
5b.	Number of clients served:

7.	COMPARATIVE ANALYSIS OF OPERATING BUDGET				
]	Please list ALL funding sources of 2022 2023 2024 Your organization (do not limit to Projected Contributive Support)				
- - -					
-					
_	Total Revenues				
	Expenditures Please list all expenditures by line item Identify City Funds				
	Total Expenditures  Difference of Revenues and Expenditures				
-					
8a.	What, if any in-kind services are you currently receiving from the City of Warwick? (Example: Rent for Building)				

8b.	Has your organization been awarded Community Development Block Grant money for 2023-2024. If yes, list the amount and the purpose.			
9.	FINANCIAL STATEMENT			
	Please itemize the use of your current 2022-2023 Contributive Support:			
	<u>Personnel</u>	Amount		
	Non-Personnel	Amount		

## PROPOSED REQUEST

Please itemize the proposed 2023-2024 Contributive Support request:				
<u>Personnel</u>	<u>Amount</u>			
Non-Personnel	Amount			
PLEASE INDICATE IF YO (MUST BE AVAILABLE II	UR AGENCY HAS ANY OF THE FOLLOWING: FREQUESTED)			
ARTICLES OF INCORPORATION TAX EXEMPTION BY LAWS MONTHLY FINANCIAL STATEMENTS AFFIRMATIVE ACTION PLAN	PERSONNEL POLICIES  LIABILITY INSURANCE EMPLOYEE BONDING FINANCIAL AUDIT LIST OF BOARD OF DIRECTORS			

## **AGREEMENT**

I as a c	condition of receiving municipal funds
(Print Name) Agree to abide by the State of Rhode Isla	and Open Meetings Law, whether or
not the mandate of this law applies to thi	s organization and the Drug Free
Workplace Act.	
I understand that a breech of this agreem	ent by this organization may result in the
City of Warwick rescinding our Contribu	utive Support funds and require that the
funds be returned to the City of Warwick	ς.
	Signature
	Date