



CITY OF WARWICK
2023-2024

ORGANIZATION:
CONTACT PERSON:
ADDRESS:
TITLE:
TELEPHONE #:
E-MAIL ADDRESS:

FAX #:

FUNDING 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? _____

- 5b. Number of clients served: _____

- 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:

Personnel

Amount

Non-Personnel

Amount

10.

PROPOSED REQUEST

Please itemize the proposed 2023-2024 Contributive Support request:

Personnel

Amount

Non-Personnel

Amount

PLEASE INDICATE IF YOUR AGENCY HAS ANY OF THE FOLLOWING:
(MUST BE AVAILABLE IF REQUESTED)

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 _____

11.

AGREEMENT

I _____ as a condition of receiving municipal funds
(Print Name)

Agree to abide by the State of Rhode Island Open Meetings Law, whether or
not the mandate of this law applies to this organization and the Drug Free

Workplace Act.

I understand that a breech of this agreement by this organization may result in the
City of Warwick rescinding our Contributive Support funds and require that the
funds be returned to the City of Warwick.

Signature

Date