

**CITY OF WASECA**  
**COMMUNITY ENHANCEMENT**  
**Application for Funding Assistance requests of \$1,000 or less**  
*(Application due by November 5, 2010)*

**1. Applicant information:**

Organization / Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Nonprofit (Tax Exempt) Identification Number: \_\_\_\_\_

Number of years agency has been in existence: \_\_\_\_\_

Does your agency solicit donations or hold fundraisers?   Y \_\_\_\_\_   N \_\_\_\_\_

Provide a detailed description of your company and its projected activities/services for the current fiscal year. Describe the purpose or mission of your organization. (Attach an additional sheet if necessary):

**2. Proposed Service/Product Information:**

Amount Requested: \_\_\_\_\_

Proposed Product/Service Name: \_\_\_\_\_

Proposed Product/Service Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

**Please answer the following questions thoroughly. Additional pages may be added, if needed:**

How would the proposed Product/Service address an unmet community need and improve the quality of life for Waseca residents? Why is this Product/Service needed?

Services must be evaluated to determine if they are being carried out efficiently and if goals are being met. Please describe how you plan to measure your organization's success and impact.

Describe the target population served by the organization (i.e. Children, elderly, low income families, etc.). How many individuals or households will be served by your organization? Are they located within the City of Waseca?

**3(a). Project Budget:**

**Revenues: Please list all current funding sources for the project:**

<b>Funding Source</b>	<b>Amount Awarded</b>	<b>Date Received/or Expect to Receive</b>

<b>Project/Program Expenses</b>	<b>Estimated Cost</b>
<b>Total Project/Program Budget</b>	

*\* If your organization has a detailed project/program budget, please attach this document to your application.*

THIS SECTION MUST BE FILLED OUT BY ALL APPLICANTS:

(b). Has your organization received funds from the City of Waseca in the past 3 years? If yes, please specify when and the amount(s) received.

<b>Fiscal Year</b>	<b>Amount Received</b>
<b>2008</b>	
<b>2009</b>	
<b>2010</b>	

Signature \_\_\_\_\_