

Selma City Council Discretionary Fund Form

Date

Name of Organization Requesting Funds _____

Address _____

Telephone #: _____ Email Address _____

Do You Have Non-Profit Status? ____ Yes ____ No

PLEASE ANSWER QUESTIONS 1 AND 2 ON A TYPED ATTACHMENT.

1. What is the reason for the need for discretionary funds, the exact amount requesting, and how will it benefit the citizens of Selma?
2. Have you received money in the past? How did the funds assist your organization in providing a service for the citizens of Selma?

Please send a short one page synopsis of the success of your project or program at its completion, and the impact it had on providing a service for the City of Selma after receiving these funds. This must be completed in order to receive funds in the future. Please be measurable in word discussion of your benefits to the city.

Authorized public official is in agreement that the laws of Section 94, Alabama Constitution of 1901, and the ethics law of the Alabama Code of 1975 are applicable in transferring funds from their discretionary account and is made aware that any improper use or violation of the above-mentioned laws could result in a chargeable offense with a penalty ranging from repayment of the misused funds to imprisonment.

I WOULD LIKE TO GIVE _____ FOR THIS PROJECT.

Signature of Authorized Public Official _____

Date _____

Council President Signature