

Town of Bryson City Funding Application

Amount of Funding Requested: \$ _____

Date: _____

Annual Operating Budget: \$ _____

Amount Approved \$ _____

Applicant Information

Name of Organization: _____

Organization Mailing Address:

_____ Street Address/ PO Box

_____ City

_____ State

_____ Zip Code

Contact Information:

_____ Last Name

_____ First Name

Phone: _____

Email: _____

Description of How Town Funds Will Be Used

Brief narrative description of services/project to be provided with the Town funds. How will this positively impact the Town of Bryson City? ***(Please attach an itemized list of expected expenditures matching amount requested)***

Is your organization a 501(c)(3)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does this project serve a public purpose?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your organization been in existence at least 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____