



## Application for 2024 Community Development Funding

***Please complete the following information.***

1. Name of Non Profit Organization \_\_\_\_\_
2. Contact Person/Title \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Telephone \_\_\_\_\_  
  
Email \_\_\_\_\_
2. Date of Request \_\_\_\_\_
3. Amount of Dumas EDC funds requested \_\_\_\_\_  
(This amount can only be half of the total project and to not exceed \$10,000)
4. Amount of total project \_\_\_\_\_
5. Estimated start date of project \_\_\_\_\_
6. Estimated completion date of project \_\_\_\_\_
7. Estimated number of Moore County residents that will benefit from the project \_\_\_\_\_
8. Estimated visitors the project will attract to the community, if applicable. \_\_\_\_\_
9. Estimated number of days each visitor will stay in the community. \_\_\_\_\_
10. Federal Non-Profit Status Yes or No If yes what is you number. \_\_\_\_\_
11. Employer ID Number \_\_\_\_\_  
Attach a W-9 form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Application Due Date: April, 30 2024, and can be dropped of at 900 N Dumas Ave, Dumas Tx**

12. Description of project for which Dumas EDC funding is requested.

13. Submit an itemized budget for the proposed project and describe any in-kind match you propose to utilize. Place in-kind donations as part of your matching funding in your budget.

14. List names of Board of Directors, including officers

15. How is your organization currently funded? Include Fundraising efforts, if applicable.

16. Briefly describe the organization, how it benefits persons living in Moore County and or improves the quality of life.

17. A signed Statement from the organization's president, noting board approval for this request for a community grant.

18. **Funding for this program is provided by sales tax dollars obtained from Dumas businesses. As such, the program requires the expenditures of grant funds to be made with local businesses within the city limits of Dumas.** Please indicate which items are **NOT** going to be bought from local businesses and describe the reasons.

I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

I also acknowledge that failure to complete all questions and to attach all necessary documents within the prescribed deadline could disqualify this application from consideration. I also understand if the project is not completed within one year of Commission approval up to (2) two six-month extensions may be requested in writing and I will be asked to present an extension request in person to the Community Grant Committee.

I acknowledge that the proposed items to be purchased from the grant funds are subject to claw back provisions; as such, the items may be subject to forfeiture to the Dumas EDC in the event of fraud, failure to comply with the terms of the program or in the event my organization disbands or folds within the grant period.

I further acknowledge that if the project for which I am requesting funds changes from the listed description, I must first request this from the Committee or will forfeit all funding. I declare that I have been provided signatory authorization for this application.

**Date** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_