



City Of Post Falls External and Non-Profit Funding Application

Version 2023.0

CITY OF POST FALLS
408 Spokane St.
Post Falls, ID 83854
Phone 208.773.3511 ♦ Fax 208.773.8362

CHECKLIST

Your completed application should include:

- Original - Application and Forms _____
- One copy - Current list of Board members _____
- One copy - IRS 501 C (3) documentation (if applicable) _____
- One copy - Most current IRS Form 990 _____
- One copy - Audit (if available) _____
- One copy - Financial Report of past 2 years _____

This should include income and expenses (versus budget), detailed balance sheet as well as **current year and projected budget**. (Also restricted funds / endowments should be referenced and restrictions noted).

Submit completed application to the City Clerk. Applications will be evaluated annually during the city budget process. To be considered for the next annual budget, which takes effect in October annually, the application must be received no later than April 30th.

Send or deliver to:

**City of Post Falls
408 Spokane St.
C/O City Clerk
Post Falls, ID 83854
Phone: 773-3511**

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TAX ID NUMBER _____

PROGRAM
NAME: _____

If you do not meet the following criteria you may not qualify for City of Post Falls funding.

- The Organization is a government or quasi-governmental agency, is incorporated and exempt from federal income tax under the provisions of Section 501 C (3) of the Internal Revenue Code, or is an entity that is otherwise eligible to receive tax deductible gifts.
- The organization is under the direction of a local volunteer governing body (board), or if it is a government or quasi-governmental agency, the agency has its own local governing body (advisory board/council).
- The organization has an established staff position (paid or unpaid) which is organized and functioning to administer the program.
- The service provided by the organization has a public purpose that also provides a benefit to the citizens of Post Falls.
- The organization serves the community without discrimination as to race, color, sex, religion, or national origin.

Authorized Person (Signature)	Phone	Board Chair/President (Signature)	Phone
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Printed Name and Title	Date	Board Chair/President (Printed)	Date
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Name of person completing application forms	Signature	Phone
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PROGRAM OUTCOMES & GOALS

ORGANIZATION NAME: _____

PROGRAM NAME: _____

AMOUNT REQUESTED FROM CITY OF POST FALLS: _____

IS THIS A ONE-TIME PROGRAM OR AN ONGOING PROGRAM: _____

IF THIS IS AN ON-GOING PROGRAM HOW WILL THE PROGRAM BE FUNDED IN THE FUTURE?: _____

- **STATEMENT OF NEED & MISSION:** Describe the issue, problem, or condition in the City of Post Falls that this program seeks to address or change and explain how the funding from the City of Post Falls will be used to address the issue, problem, or condition.

- **PROGRAM GOALS:** What specific goals do you plan to achieve in the performance of this program? Does the program provide a service that complements or enhances a service provided by the City?

- **PROGRAM SERVICES (Activities and Outputs):** Describe the type of activities provided and the number of products produced (i.e. taught 10 jobs training classes to unemployed single parent mothers, fed 300 families each month, etc.).

- **OUTCOME OBJECTIVES:** How will you measure the success of your program (for example, how the organization will calculate the number of citizens served).

- Identify major changes in program services, finances, volunteer, and staff structure, during the past two years.

- Highlight major accomplishments during the past two years.

- What other funding sources does the organization have for this program?

- Volunteers and Staff

Total FTE Paid Staff: _____

Total FTE Volunteer Staff: _____

- What % of overall agency **program** is provided in the City of Post Falls?

Thank you for submitting your application!