



# Governmental Agency Funding Request Application

## ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

Governmental Agency Organization Contact Information		
Governmental Agency Name:		
Street Address:		
City:	State:	Zip:
Website:		
Phone:	Email:	
Name and Title of Principal Agency Contact:		
Phone:	Email:	
Consecutive Years of Operation:		

Program Information													
Program/Project Name:													
Total Cost:	Total Funding Request:												
<b>Public Need Served:</b> Please identify how the project or program will serve a public need for the benefit of the community. <table><tbody><tr><td><input type="checkbox"/> Homelessness</td><td><input type="checkbox"/> Youth Athletics</td><td><input type="checkbox"/> Public Infrastructure</td></tr><tr><td><input type="checkbox"/> Community Hunger</td><td><input type="checkbox"/> Youth Enrichment</td><td><input type="checkbox"/> Historic Preservation</td></tr><tr><td><input type="checkbox"/> Community Health</td><td><input type="checkbox"/> Access to Arts and Culture</td><td><input type="checkbox"/> Military Veterans Affairs</td></tr><tr><td><input type="checkbox"/> Mental Health</td><td><input type="checkbox"/> Education &amp; Outreach</td><td><input type="checkbox"/> Other</td></tr></tbody></table>		<input type="checkbox"/> Homelessness	<input type="checkbox"/> Youth Athletics	<input type="checkbox"/> Public Infrastructure	<input type="checkbox"/> Community Hunger	<input type="checkbox"/> Youth Enrichment	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Community Health	<input type="checkbox"/> Access to Arts and Culture	<input type="checkbox"/> Military Veterans Affairs	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Education & Outreach	<input type="checkbox"/> Other
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Escambia County Public Purpose served:													
The Escambia County Public Purpose was primarily achieved through:													
<b>Narrative Description:</b> Please describe how the project or program will be conducted and how the project or program will impact the health, safety, economic, or social well-being of the people served.													

**Expenditure of Funds:** Please explain how the County's funding would be used. If being used for an event, please identify how the County's funds are supporting the event. If being used to acquire equipment, facilities, or similar expenses, please list those items here.

#### **Certification/Attestation**

The applicant certifies that the services associated with the Project or Program will be made available in a non-discriminatory manner, and the applicant will ensure non-discriminatory access to said services as required by law.

The applicant agrees to allow on-site visits by the County or its designee. The applicant further agrees to produce all documentation relating to the Project or Program and consents to provide audits of the applicant's financial affairs as may be required by the County.

The applicant agrees to provide any additional documentation relating to the provision of services associated with the Project or Program as may be required by the Escambia County Clerk of Court.

The undersigned, on behalf of the applicant, agrees to be bound by Escambia County's Community Support Fund Policy. I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and consistent with the Policy and Florida law.

\_\_\_\_\_  
Authorized Agency Signature

\_\_\_\_\_  
Date