

**CITY OF MAYWOOD**  
**COMMUNITY BENEFIT FUND APPLICATION**

Please Type/Print Information  
(attach additional pages as needed)

**Application Funding Cycle**

**Date of Application:** \_\_\_\_\_

**S1: July 1 - December 31**

**S2: January 1 - June 30**

**Amount Requested:** \_\_\_\_\_

<b>Organization Name:</b>	<b>Phone Number:</b>
<b>Street Address:</b>	<b>Fax Number:</b>
<b>City, State, Zip:</b>	<b>Federal EIN:</b>
<b>Contact Person:</b>	
<b>Contact Email Address:</b>	

**Provide a detailed description of your organization. For example, are you a school, school-based or affiliated entity, youth program, community based organization, etc.**

**Does your organization have non-profit status with the Internal Revenue Service?**  
Yes  No  (If yes, attach documentation)

**How long has this organization been in existence (provide date)?**

**Is the organization located/based in Maywood or does it provide programs or services to Maywood residents? Yes  No  If yes, please explain.**

**Describe how the requested funds will be used? Attach a proposed budget.**

**What is the anticipated time-frame to provide the proposed program, service, event activity or goods and the expenditure of the requested funds?**

**Describe the organization's efforts in obtaining funding from other sources?**

**How will the requested funds have a benefit to Maywood residents?**

**How will the requested funds enhance the quality of life or the delivery of services for Maywood residents?**

**How will the requested funds provide educational opportunities for Maywood residents or students?**

**Has your organization previously received funding from the City of Maywood?**  
Yes  No  If yes, identify the use of the funds, total amount and fiscal year in which the funds were received.

**Is a member of your organization's board or executive leadership a City employee, an elected or appointed City official, or a family member of a City employee or elected or appointed City official?** Yes  No  If yes, please explain.

***By my signature below, I hereby certify, under penalty of perjury, that I am qualified to sign for and bind the named organization and that the information contained within and submitted with this application is complete, true and accurate. I have received a copy of the Community Benefit Fund Guidelines and Procedures and agree to abide by its provisions. If awarded funding, an agreement will be required to be executed.***

Date:	Signature:			
Print Name and Title:				
Date Received	Eligibility Verified	Date Approved	Date Denied	Amount Awarded