

**City of Hammond Gaming Advisory Committee Support Application**

***Section 1- Your Organization***

Organization Name

Primary Mailing Address

Phone Number

Date organization was established

Does your organization maintain offices or physical operations?

*If yes, please list the address(es) of those locations*

Chief Executive Officer

Primary Contact for this application

Board of Directors -Please list the names of each current board member and their address. You may attach additional sheets if necessary.

Name	Address

Does your organization have a paid staff?

*If yes, please list those positions and note whether they are full or part time positions. You may attach additional sheets if necessary.*

Does your organization maintain regular hours?

*If yes, what are the hours of operation?*

Is your organization incorporated?

Yes / No

*If yes, date of incorporation*

Tax Identification Number

Has your organization been granted 501 (c) 3 status by the Internal Revenue Service?

Yes / No

*If yes, when did the organization obtain such status?*

***Please attach a copy of the letter of approval granting 501 (c) 3 status.***

*If no, has your organization applied for such status, and when did that application occur?*

Is your organization affiliated with any other organization (such as serving as the local chapter of a national organization)?

Yes / No

*If yes, please list the name and address of that organization*

***Section 2- Purpose/Mission of Organization***

Please describe your organization's overall purpose/mission. (If you have a prepared mission statement, please attach it to this application)

Describe the primary services that your organization provides.

How has your organization served/benefited Hammond residents and taxpayers in the past?

[Empty response box]

***Section 3- Your Request***

Amount requested

Purpose/ Use of Funding- Please describe in detail (attach additional pages if necessary as to how these funds will be used if granted).

What is the overall cost of your project?

Will you provide matching funds or in-kind services in support of this grant? If so, please describe those funds or services

How will this grant benefit Hammond residents and taxpayers?

Does your request include salaries, wages or overhead?

Yes / No

*If yes, please define the portion of the grant that would be allocated for these costs.*

Please describe the timeline for this program /use (When will it commence? When will it be completed?)

***Section 4- Financial Status***

What other sources does your organization receive funding from?

Source	Amount (% of Annual Revenue)

Has your organization applied for other funding from the City of Hammond (including application for Community Development Block Grant (CDBG) funding)?

Yes / No
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*If yes, when was the application made, to whom and how much funding was requested?*

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Please provide the organization's most recent annual financial report, audit or tax return with this application.

**Please return this application by no later than February 26, 2010 to:**

**City of Hammond Gaming Advisory Committee**

**Attn: Sharon Szany, Office Manager**

**5925 Calumet Avenue**

**Hammond, IN 46320**