

# City of Hammond Gaming Advisory Committee Support Application

## Section 1 - Your Organization

Organization Name

Primary Mailing Address

Address Line 1

Address Line 2

City, State Zip

Phone Number

Date organization was established

Does your organization maintain offices or physical operations?

YES

NO

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

Address, City, State Zip

Address, City, State Zip

Address, City, State Zip

Chief Executive Officer

Primary Contact for this application

Address, City, State Zip

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?  YES  NO

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

Position	Employment Type
<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Part Time
<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Part Time
<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Part Time

Does your organization maintain regular hours?  YES  NO

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?  YES  NO

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

Name	Address
<input type="text"/>	<input type="text"/>

**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?

**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?)

Did you receive funding from this commission last year?  YES  NO

If yes, did you complete the projects from last years allocation?  YES  NO

Please give details.

**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

If yes, when was the application made, to whom and how much funding was requested?

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

**Please return this application no later than February 21, 2025 to:**

**City of Hammond Gaming Advisory Committee  
Attn: Kristie Ormes, Office Manager  
5925 Calumet Avenue  
Hammond, IN 46320**