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?			
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			

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
	🗌 Full 🗌 Part Time
	🗌 Full 🗌 Part Time
	🗌 Full 🗌 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 sta	atus.
If no, has your organization applied for such status, and when did that application occu	r? 🗌 YES 🗌 NO
Is your organization affiliated with any other organization (such as serving as the local organization)?	hapter of a national
If yes, please list the name and address of that organization	
Name Address	

Section 2 - Purpose/Mission of Organization

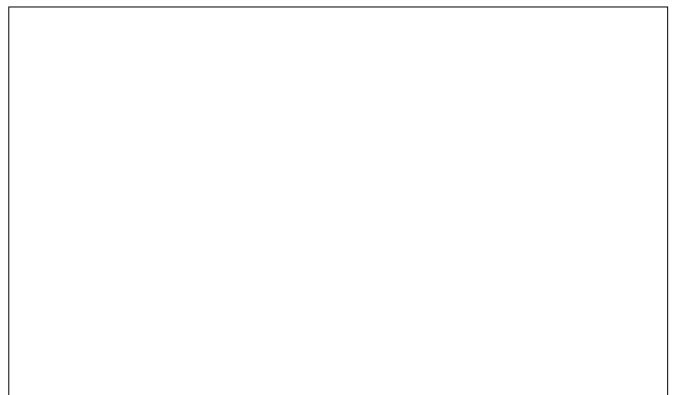
Please describe your organization's overall purpose/mission. (If you have a prepared mission statement, please attach it to this application)

Describe the primary services that your organization provides.

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	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?

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)?

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