

**City of St. Charles, Missouri**  
**Application for the Promotion of the Public Health,**  
**Safety and General Welfare of City Residents**

Date of Application \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Contact Person:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Amount of Funding Requested \_\_\_\_\_

Is the organization a not-for-profit group? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the organization a Governmental or Tax Supported Social Service Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received funding within the last five years from the City of Saint Charles? \_\_\_\_\_

If yes, please list dates and amounts of funding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received funding for this project from any other City of Saint Charles Department or Committee? \_\_\_\_\_ If so, please indicate the source of funding and the amount \_\_\_\_\_

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\_\_\_\_\_

Describe the public purpose for the grant. (Refer to Rule # 2 for definition of Public Purpose).  
Specify how this money will benefit the citizens of the City of St. Charles.

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- Attach a brief history/summary of your organization
- Attach operating budget to this application