

# UPDATED APPROPRIATION APPLICATION & INSTRUCTIONS

Dear Sir/Madam:

This email is to inform you of the recent changes made for submitting your appropriation consideration requests. To submit an appropriation request to the City of Decatur for budget consideration, complete the attached updated application.

Along with your application, please provide the following:

- 1) A copy of any federal or state tax exempt certificates (501 C3)—**(IF NOT PREVIOUSLY SUBMITTED)**
- 2) A copy of your IRS Form 990
- 3) A copy of your most recent audited financial statements if your total revenue from all sources exceeds \$250,000
- 4) A list of your anticipated revenue sources and the amount
- 5) A copy of your budget (current & proposed)
- 6) A mission statement, description of your program and activities, and the number of Decatur residents served.
- 7) If your organization is governed by a board of directors, please enclose a resolution adopted by your board supporting the request and signed by the chairman or president of your board. If not governed by a board of directors, please inform us of the authority under which you operate.
- 8) Provide a copy of your certificate of insurance indicating workers compensation insurance on your employees, if such insurance is required by law.

All application for appropriation consideration requests are due by July 1. If your agency intends on submitting a request, please do so before this deadline. If you should have any questions, please feel free to give me a call. Thank you.

*Tinola Ellison Teague*  
*City of Decatur*  
*Finance Department*  
*P.O. Box 488*  
*Decatur, AL 35602*  
*(256) 341-4559--Desk*  
*(256) 341-4562--Fax*  
[tsellison@decatur-al.gov](mailto:tsellison@decatur-al.gov)



**City of Decatur**  
**Application for Appropriation Consideration FY 2027**

**Deadline for submission of this application is July 1**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary Contact

Secondary Contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

What is the amount of your request? \_\_\_\_\_

Describe specifically what the requested funds will be used for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the proceeds of the requested monies have a direct or indirect impact on the citizens of Decatur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of your target audience are Decatur residents? \_\_\_\_\_

What percent of your total budget does the City's appropriation represent? \_\_\_\_\_

Is any of the City's appropriation used as a match for grant funds? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Describe any fund raising activities if any, and the amount of monies raised yearly. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of the proceeds of your organization used to make a contribution to another agency?  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you serve or offer your services to all of our community including all ethnic groups? \_\_\_\_\_  
If "No", please explain. \_\_\_\_\_  
\_\_\_\_\_

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- 8) Provide a copy of your certificate of insurance indicating workers compensation insurance on your employees, if such insurance is required by law.

Submit your completed request to:

City of Decatur  
Attention: Kyle J. Demeester  
Chief Financial Officer  
P.O. Box 488  
Decatur, AL 35602