Funding Request Form for Budget Year 2026 City of Miller

Organization Name:			
Executive Director of			
Administration:			
Name of person			
Mailing Address			
Fax No.			
Email Address _			
A brief description of			
the organization:			
<u>Purpose:</u>			
<u>Background:</u>			
Number of active	Numbe		
volunteers _	board memb	oers	
Total amount of funds rece	eived or		
expected to receive in 2025:			
A detailed description of v	vhat those funds were u	used for in 2025.	
Total amount of funds req	uested		
for 2026:		<u></u>	
A detailed description of vindividuals that will direct		e used for. Please provide the from these funds.	number of

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Please provide a specific goal that your organization has in mind for the requested fu	nds.
What are your organization's current sources of funding?	
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Your current funding request equals what percentage of your annual operations?	
Do you expect this to be a single or a reoccurring request? SINGLE REOCCL	IRRING
All non-profit organizations must provide a copy of your last year's financial staten	nent.
All requests must include a current year operating budget.	
Applicant Signature	
Date	

APPLICATION DEADLINE: BY 5:00 PM ON JULY 11, 2025.