



# CITY OF KEY WEST

## SPECIAL ALLOCATION FOR FOOD BANK FUNDING APPLICATION

*Not for Profits, Tax Exempt Entities and Community-Based Organizations Only*

*Deadline to submit request is December xx, 2025.*

<b>Name of organization</b>	
<b>Type of organization</b>	
<b>Physical addresses</b>	
<b>Mailing address</b>	
<b>Name and title of administrator</b>	
<b>Phone number &amp; email address</b>	
<b>Date organization established</b>	
<b>Florida Department of State Registration No.</b>	
<b>Federal Employer Identification No. (FEIN)</b>	
<b>Amount requested</b>	
<b>Name, phone number and email address of project manager</b>	
<b>Organization's Mission Statement</b>	
<b>Who does your organization serve, what service does it provide, and is it monitored by an outside entity? If so, by whom and how often?</b>	

<b>Describe the project's increased need and how the funds will be utilized</b>	
<b>What impact will the requested funds have on the community and what measurable outcomes do you plan to accomplish</b>	
<b>How do you plan to promote the opportunity affiliated with the funds</b>	
<b>What other organizations are you seeking funding from for this project</b>	
<b>Does your organization currently receive funding from other agencies? If the answer is yes, list who it is from, and the amount received</b>	
<b>What other agencies is your organization affiliated with</b>	
<b>Name and title of person making application</b>	
<b>Signature of person making application</b>	

**CERTIFICATION BY AUTHORIZED ORGANIZATION**

**OFFICIAL:** By signing the foregoing application, attests that I have examined the information included in the application and hereby certify that, to the best of my knowledge and belief that the contents are true, accurate and complete. I also affirm that we will use City funds for the purposes as submitted in this Application for Funding and any change will require written approval from the Key West City Commission. We understand that all funding received through this opportunity must be spent for the benefit of the citizens of the City of Key West. We understand that the City's allocation for funding is not unlimited and we further understand that submitting an application in no way ensures that the agency will receive funding.

**Name & title of authorized organization official**

**Signature of authorized organization official**

Date:

**SUBMIT APPLICATIONS WITH A COPY THE ORGANIZATION'S MOST RECENT ADOPTED BUDGET, IRS FILED FORM 990, ORGANIZATION ARTICLES OF INCORPORATION AND BYLAWS, MONROE COUNTY AND CITY OF KEY WEST OCCUPATIONAL LICENSES, AND STATE AND FEDERAL ID NUMBERS AND LICENSES AS APPLICABLE.**

CITY OF KEY WEST - CITY CLERK'S OFFICE  
1300 White Street  
Key West, FL 33040  
or by email to [clerk@cityofkeywest-fl.gov](mailto:clerk@cityofkeywest-fl.gov)

**Deadline to submit request is December xx, 2025.**

**Should your organization receive a City of Key West grant, the following will be required:**

- a. Upon approval of funding, you will need to agree to provide a copy of an Audited Financial Statement, a review of financial statements, or other financial report as appropriate (to be determined based on the amount of funding and agency budget) from the most recent fiscal year.
- b. You will need to submit a report which will describe how the funds were utilized and a summary of the impact made on the people served.