

NAME OF ORGANIZATION

**Memphis City Council
FY25 Budget Request Presentation**

**ORGANIZATION
FOUNDER/ADMINISTRATOR**

Mission Statement

The mission ...

Organization Information

- Organization Founded in :
- 501 c (3) organization since:
- Please indicate all years of prior City of Memphis Funding:
- Representative Name:
- Representative Email:
- Organization Mailing Address:
- Located in District (1-7) and Super District (8 or 9)

Please verify your District and Super District here:

<https://scgis.shelbycountyttn.gov/portal/apps/webappviewer/index.html?id=a31747b3a21342198a222e5a4fc15604>

- Number of Citizens served:

Organization Budget & Funding Request

The Memphis City Council will not award funding that totals more than thirty percent of total revenue or expenses, whichever is higher, as reported on the most recently filed IRS form 990EZ, 990-N, and 990.

Budget	Annual Expenses	City of Memphis
Total*	\$	

Double-click the template to modify it.

The Problem

- Which of the following need(s) does your organization address?
- Please include the specific problem your organization aims to address.

The Problem

The Solution

- Please include information about how your organization will use the funding to address that public need.
- Please include how the programming will positively affect community.

The Solution

The Solution

Quantitative Impact & Goals

- Number of volunteer/administrative hours invested:
- Number of citizens served:
- Amount of capital raised from any other sources (other grants, sponsorships, fundraising efforts, etc.):
- Please include any other statistics about your organization's impact and programming.

Quantitative Impact and Goals

- ▶ Please include information to demonstrate history of community involvement.