



P O Box 1750
Foley, Alabama 36536-1750
251-943-1545

QUESTIONNAIRE FOR COUNCIL AGENDA REQUEST

1. NAME: Mell Davis
2. COMPANY/ORGANIZATION NAME: Society of Black Hats
3. ADDRESS:
4. CONTACT PHONE NUMBER: 251-978-4721
5. EMAIL ADDRESS: mkdavis219@gmail.com
6. TOPIC FOR COUNCIL AGENDA: Permission for annual Ride- 10-29-22
7. PROGRAM NAME: Foley Witches Ride
8. WHAT IS THE TOTAL PROJECTED COST? N/A
9. ARE YOU REQUESTING CITY FUNDS?
YES ☐ NO ☒
10. HOW MUCH CITY FUNDS ARE YOU REQUESTING? N/A
11. IF FUNDS ARE GRANTED BY THE CITY, WHAT EXACTLY WILL THE FUNDS BE USED FOR?
Ads ☐ _____
Sponsorship ☐ _____
Other ☐ _____
12. WHAT IS THE DATE OF WHICH ANY FUNDS ARE NEEDED BY? N/A
13. IF THIS IS A COMMUNITY ACTIVITY, HOW MANY PEOPLE ATTEND/PARTICIPATE IN THIS PROGRAM?
14. HAS YOUR COMPANY/ORGANIZATION PREVIOUSLY RECEIVED FUNDS FROM THE CITY OF FOLEY?
YES ☐ NO ☒
15. IF YES, HOW WAS THE FUNDS USED AND HOW MANY PEOPLE BENEFITED FROM THE FUNDS?
N/A
16. HAVE YOU APPLIED FOR ANY GRANT FUNDS?
YES ☐ NO ☒

450 Riders
Plus
200 after
Party
guests.

17. WHAT GRANTS HAVE YOU APPLIED FOR?

N/A

18. HAVE YOU RECEIVED ANY GRANT FUNDS?

YES ☐

NO ☒

19. IF YOU HAVE RECEIVED GRANT FUNDS, HOW MUCH DID YOU RECEIVE?

N/A

20. IF YOU DID NOT RECEIVE GRANT FUNDS, WHY WAS THE GRANT FUNDING DENIED?

N/A

21. HAVE YOU SOUGHT ANY FUNDING FROM ANY OTHER RESOURCES?

YES ☐

NO ☒

22. IF SO, WHAT RESOURCES AND HOW MUCH DID YOU RECEIVE?

N/A

23. DOES YOUR COMPANY/ORGANIZATION CONDUCT ANY FUND RAISING ACTIVITIES?

YES ☒

NO ☐

24. IF YES, EXPLAIN:

We solicit sponsors from the community

25. DO YOU HAVE A PRO-FORMA OR AN OPERATING STATEMENT? IF SO, PLEASE PROVIDE A COPY.

N/A

26. HOW MUCH MONEY WAS PUT IN OPERATIONS OTHER THAN GRANTS?

N/A

By filling out this form it does not obligate the City Council to approve this request. The Council legally adopts a budget prior to the beginning of the fiscal year, which is October 1st through September 30th, and may not choose to further obligate the City's resources. Advertising requests must go through the Marketing Department, and funding requests that are related to schools must go through the South Baldwin Chamber Foundation.

INTERNAL USE ONLY:

DATE APPROVED: _____

AGENDA DATE: _____ WORK SESSION _____

COUNCIL _____

SENT TO: _____

DATE: _____