

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

QUESTIONNAIRE FOR COUNCIL AGENDA REQUEST

1.	NAME: SOUTH BAIDWIN REGIONAL MEDICAL CENTER (KOLLYN BIACKWELL)
2.	COMPANY/ORGANIZATION NAME: HEALTHY WOM AN PYOGYAM
3.	ADDRESS: 1013 NOVIM MCKENZIE STreet FOLLY
4.	CONTACT PHONE NUMBER: 251 - 949 - 3502
5.	EMAIL ADDRESS: KOLVN BLACKWELL & CNS. NET
6.	TOPIC FOR COUNCIL AGENDA: S PONSOYShip for Healthy WOMAN ANNIVERSARY EVENT
7.	PROGRAM NAME: HEAHNY WOMAN
8.	WHAT IS THE TOTAL PROJECTED COST? \$\\1000
9.	ARE YOU REQUESTING CITY FUNDS?
	YES NO NO
10.	HOW MUCH CITY FUNDS ARE YOU REQUESTING? \$\1000
11.	IF FUNDS ARE GRANTED BY THE CITY, WHAT EXACTLY WILL THE FUNDS BE USED FOR?
	Ads
	Sponsorship THEATHY WOMAN ANNIVERSALY EVENT
	Other
12.	WHAT IS THE DATE OF WHICH ANY FUNDS ARE NEEDED BY? AUGUST 15th
13.	IF THIS IS A COMMUNITY ACTIVITY, HOW MANY PEOPLE ATTEND/PARTICIPATE IN THIS PROGRAM? 450
14.	HAS YOUR COMPANY/ORGANIZATION PREVIOUSLY RECEIVED FUNDS FROM THE CITY OF FOLEY?
	YES NO NO
15.	IF YES, HOW WAS THE FUNDS USED AND HOW MANY PEOPLE BENEFITED FROM THE FUNDS?
16.	HAVE YOU APPLIED FOR ANY GRANT FUNDS?
	YES NO NO

17.	WHAT GRANTS HAVE YOU APPLIED FOR?	
18.	HAVE YOU RECEIVED ANY GRANT FUNDS?	
	YES NO NO	
19.	IF YOU HAVE RECEIVED GRANT FUNDS, HOW MUCH DID YOU RECEIVE?	
20.	IF YOU DID NOT RECEIVE GRANT FUNDS, WHY WAS THE GRANT FUNDING DENIED?	
21.	HAVE YOU SOUGHT ANY FUNDING FROM ANY OTHER RESOURCES?	vii n H i
	YES NO NO	
22.	IF SO, WHAT RESOURCES AND HOW MUCH DID YOU RECEIVE? COMMVNIT DVSINESSES	
23.	DOES YOUR COMPANY/ORGANIZATION CONDUCT ANY FUND RAISING ACTIVITIES?	
	YES NO	
+		
24.	proceeds benefit the American Heart Association	
0.5		
25.	DO YOU HAVE A PRO-FORMA OR AN OPERATING STATEMENT? IF SO, PLEASE PROVIDE A COP	Υ.
26	HOW ACTION MONEY WAS DIFF IN OPERATIONS OF THE THAN OF ANTICO	
26.	HOW MUCH MONEY WAS PUT IN OPERATIONS OTHER THAN GRANTS?	
which is	g 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 October 1st through September 30s, and may not choose to further obligate the City's resources. Advertising requests must go through the south Baldwin Chamber Foundation.	the fiscal year, he Marketing
INTERN	NAL USE ONLY:	
	APPROVED:	
	DA DATE: WORK SESSION COUNCIL	trept b
SENT T	O: DATE:	