

# CITY OF FORT PIERRE APPLICATION FOR FUNDING

**FUNDING INFORMATION**

PLEASE COMPLETE BOXES A – I TYPE ONLY	MINIMUM OF 10 COPIES FOR COUNCIL
(A) NAME OF ORGANIZATION _____	
(B) ADDRESS _____ CITY _____ STATE _____ ZIP _____	
(C) CONTACT PERSON _____	(D) TELEPHONE NUMBER (    ) _____
(E) TOTAL FUNDING AMOUNT REQUESTED     \$ _____	
(F) FUNDS REQUESTED FROM:  GENERAL FUNDS    ___                    or    3rd PENNY SALES TAX FUND    ___	
(G) ARE THESE FUNDS TARGETED TOWARD A PARTICULAR PROJECT? _____  NAME OF PROJECT _____  BRIEFLY DESCRIBE PROJECT _____ _____ _____	
(H) WILL THIS FUNDING BE USED TOWARD GENERAL OPERATIONS OF THE ORGANIZATION? YES _____ NO _____	
(I) FUNDING RECEIVED FROM THE CITY OF FORT PIERRE: 2018    \$ _____                    2019    \$ _____  2020    \$ _____                    2021    \$ _____	
(FOR OFFICE USE ONLY)  AMOUNT FUNDED \$ _____	