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:

2019 $_____ 2020 $_____

2021 $_____ 2022 $_____

(FOR OFFICE USE ONLY)

AMOUNT FUNDED $_____