

SPEARFISH CITY GRANT REQUEST

City of Spearfish

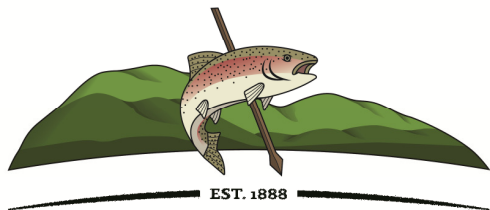
Finance Office

625 Fifth Street

Spearfish, SD 57783

Telephone: (605) 642-1325

Fax: (605) 642-1329



For consideration in 2019 budget, return application and packet to the finance office by June 13, 2018

Date of Application:		
Organization:	Contact Person:	
Street Address:		
City, State, Zip Code		
Telephone Number (home and/or office or cell)		

Please use additional paper, if necessary.

Amount Requested \$ _____

In-kind service request _____

Program Description and Use of Funds:

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Uniqueness of Service:

--

Contribution to the Citizens of Spearfish

--

Area of Coverage:

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Number of Persons Benefiting From Funds. Total and City Citizens:

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Person/Agency Having Custody of Funds:

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(Part 2 of application on reverse side)

Summary Financial Information – also attach audited financials
Please include Budget, total Revenue and sources, Expenditures and Capital Outlay.

Total Revenues _____

Revenue Sources _____

Total Expenditures _____

Salaries and Benefits, breakdown between operations and administration _____

Other Operating Expenditures _____

Capital Outlay Expenditures _____

Estimated Net Surplus (Deficit) _____

Additional Attachments in concise form along with any other information you would like to have considered.

_____ **Mission**

_____ **Vision**

_____ **Goals**

_____ **Accomplishments in the past 3 years**

If your organization serves a “regional area”, please provide an analysis of revenue sources from all governmental agencies versus citizenship location of persons benefiting from services provided.

If awarded the funding by the City of Spearfish, the organization agrees to allow access to the financial records and other records that the City may request to review to ascertain that the funds provided by the city are used for the purposes now being requested.

We agree that if awarded funds for the Fiscal Year 2019, the organization will use the funds for the purposes now being proposed and we agree to not use the funds for other purposes without the prior approval of the City of Spearfish. We certify that the information herein provided is accurate to the best of our knowledge.

Application completed by:

 Signature of Person Completing Application

 Date

 Print Name of Person Completing Application

 Title of Person Completing Application

 Email Address

Save your completed form. Print and Sign.

Your application packet must include this application form and your most recent, completed financial statements.

Deliver your application packet either by mail or personally to Finance Office -- Address above.

(For Office Use Only)	Submitted:	
	Approved:	
	Denied:	
	Amount:	
	Signature:	