

REQUEST FOR FUNDS APPLICATION

Request #: _____
(to be completed by Commission)

Organization Name & Mailing Address	Amount Requested	Date of Request
Requestor Name	Requestor Telephone # and e-mail address:	Check should be made payable to:
Describe in detail what funds will be used for and include a cost breakdown: (use back of form if necessary)		
List other sources of funding that have been pursued		
Name of organization or grant	Date of activity	Result of efforts/Status

Required Attachments:

- A recent estimate or quote for equipment, services or work to be performed
- Copy of 501 c(3) non-profit status certification, form 990
- Prior year income statement
- Current year income statement (year-to-date)
- Prior year balance sheet
- Current year balance sheet (year-to-date)
- Current year budget

For Commission Use Only:

Amount Approved	Date Approved	Name/Account # of Fund	Date To Be Allocated

Approved by:	Approved by:	Approved by:
Joel Tuttle President Morgan County Commission	Bob Ford Commissioner Morgan County Commission	Ken Reed Commissioner Morgan County Commission