MORGAN COUNTY COMMISSION 77 Fairfax Street, Room 101 Berkeley Springs, WV 25411 * 304.258.8540

REQUEST FOR HOTEL/MOTEL FUNDS APPLICATION

Organization Name & Mailing Address	Amount Requested	Date of Request						
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Requestor Name	Requestor Telephone # and e-mail address:	Check should be made payable to:						
	address.	10.						
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:								
	ant convicto or work to be norferme.	4						
A recent estimate or quote for equipment, services or work to be performed								
Copy of 501c(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								
** If funds are approved for your request, follow-up documentation must be provided upon								

project completion (receipts, invoices, etc.) for the Commission to provide to our Auditor.

For Commission Use Only:								
Amount Approved	Date Approved		Name/Account # of Fund		nd	Date To Be Allocated		
Approved by:		Approved by: Approved		proved	by:			
						-		
Sean Forney		Joel Tuttle			Bill Cla	ırk		
President		Commissioner			Commi	ssioner		
Morgan County Commission Morgan County C		ommission Morgan		Morgan	n County Commission			