



SPEARFISH CITY DONATION REQUEST

City of Spearfish

Spearfish Parks Rec Forestry Advisory Board

Spearfish Rec and Aquatics Center

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: _____

Uniqueness of Service: _____

Contribution to the Citizens of Spearfish: _____

Area of Coverage: _____

Number of Persons Benefiting From Funds: Total: _____ City Citizens: _____

Person/Agency Having Custody of Funds: _____

(Please complete Part 2 of application on reverse side)

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

SUMMARY FINANCIAL INFORMATION – ALSO ATTACH AUDITED FINANCIALS
Please include Budget, total Revenue and sources, Expenditures and Capital Outlay.

Total Revenues _____
Revenue Sources _____
Total Expenditures _____
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**

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 2016, 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

Printed Name of Person Completing Application

Title of Person Completing Application

Email Address