

SHERIDAN COUNTY
REQUEST FOR FUNDING

GENERAL INFORMATION:

NAME OF ORGANIZATION: _____ PHONE: _____

CONTACT PERSON: _____ ADDRESS: _____

AMOUNT OF FUNDS REQUESTED: _____ AMOUNT APPROVED: _____

TAX STATUS: _____ FEDERAL ID NO: _____

DESCRIBE PRINCIPAL PURPOSE OF YOUR ORGANIZATION: _____

DESCRIBE BOARD OF DIRECTORS SELECTION PROCESS: _____

NO OF BOARD MEMBERS: _____ TERM: _____

LIST NAMES OF BOARD MEMBERS: _____

BRIEFLY LIST PURPOSE AND OBJECTIVES FOR REQUESTED FUNDS: _____

OBLIGATIONS:

ANTICIPATED EXPENDITURES OF APPROVED FUNDS:

AMOUNT	DESCRIPTION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

GOALS AND BENEFITS TO THE SHERIDAN AREA COMMUNITY RELATING TO THE EXPENDITURES LISTED ABOVE:

1. _____
2. _____
3. _____
4. _____

DESCRIBE LAST YEAR'S ACCOMPLISHMENTS:

****PLEASE PROVIDE A COPY OF YOUR CURRENT FISCAL YEAR BUDGET
PLEASE PROVIDE A COPY OF YOUR CURRENT FINANCIAL STATEMENT

SIGNED: _____

Title: _____

Date: _____