

**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:**

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

SIGNED: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_