

**TUCKER COUNTY COMMISSION  
FUNDING REQUEST FORM**

Fiscal Year \_\_\_\_\_

**Applicant Name & Title (if applicable)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone / Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date request filed:** \_\_\_\_\_

**Legal name and address of organization:**

\_\_\_\_\_  
\_\_\_\_\_

**Tax ID number (if applicable):** \_\_\_\_\_

**Describe the services offered by your organization and the segment of the population you serve:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of project (or program) for which you are requesting funding:**

\_\_\_\_\_

**Project Narrative (purpose of the project and plan of implementation):** *attach extra sheet if necessary*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of persons served by this project (approximate):** \_\_\_\_\_

**Beginning and ending date of project:** \_\_\_\_\_ / \_\_\_\_\_

**Total cost of project:** \$ \_\_\_\_\_

**Amount requested from Tucker County Commission:** \$ \_\_\_\_\_

List funding requested, pledged, or obtained from other sources:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will support from the Tucker County Commission leverage additional funding? \_\_\_\_\_

If yes, elaborate:

\_\_\_\_\_  
\_\_\_\_\_

Attach the following information:

Business license if applicable.

A list of officers / members / directors of your organization.

Current financial statement.

Project budget.

Has your organization received funds from the commission in the past 3 years? \_\_\_\_\_

If yes, please list amount, name & status of project:

If funding is secured, a written or oral report at the completion of the project is appreciated.

\*\*\*

\_\_\_\_\_ Request Denied

\$ \_\_\_\_\_ Amount approved

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

\_\_\_\_\_ (Commissioners signature)

\_\_\_\_\_ (Commissioners signature)

\_\_\_\_\_ (Commissioners signature)