City of Hot Springs Budgetary Funding Request Form

Must be completed and returned to City Hall by 5 PM, July 14. Please submit 10 hard copies of form and all additional materials provided.

Name of Proposal: _____

Amount of Funds Being Requested: _____

_____

Description of Proposal: _____

_____

_____

_____

_____

Current Funding Sources for Your Project/Organization: _____

_____

Other Grants You Are Applying For: _____

Organization Information

Organization/Agency Name (Chapter Name): _____

Organization/Agency Mission: _____

_____

_____

Organization Website/Facebook Page/Twitter Page: _____

_____

City of Hot Springs Budgetary Funding Request Form

How does your organization collect revenue? (I.e. charging fees, obtain funds from other sources, private donations, etc.: _____

_____

_____

_____

Are you in possession of a 501(c)3 determination letter? [ ] Yes [ ] No

If you are a 501(c)3, what is your taxpayer identification number? _____

Are any City of Hot Springs employees involved with your organization? [ ] Yes [ ] No

I have included a copy of our organization's most recent or financial statement? [ ] Yes (REQUIRED)

I agree I will provide the City of Hot Springs an accounting of expenditures to be made public if awarded funds from the City of Hot Springs? (Per SDCL 9-12-11) [ ] Yes (REQUIRED)

Primary Contact Information

Name: _____

Association With Organization: _____

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____

Email: _____

[ ] I agree that if awarded funds from the City of Hot Springs that I will provide an accounting of income and expenses resulting from the use of such funds at the request of the City.

Signature _____ Date: _____