

## FUNDING & SUPPORT REQUEST FORM

**Date of Request** \_\_\_\_\_

**Name of Organization** \_\_\_\_\_

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

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**Website** \_\_\_\_\_ **Tax ID#** \_\_\_\_\_

**Contact**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant (if different than Contact)**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Request:**

- Financial Support – Amount
- Letter of Support
- Other - Explain

**Timeframe** – start date and end date

**Organization History** (Please include a mission statement; if requesting funds, most recent financial statement and proposed budget)

**Support Description** Please describe your project, program for which you are receiving support and include the following:

- Identify the Minnesota statute that allows Tofte Township to donate to you.
- Explain how you meet any additional conditions that are specified in the statute.
- Identify how many Tofte Township residents make use of your services.
- Provide any other information that would help Tofte Township residents and the Town.
- Board decides to donate to your organization.

**Evaluation** Describe how this will benefit Tofte Township and how this is measured.

**Recognition:** Explain how Tofte Township will be recognized for this support.

