

**Marshall County Commission**  
**Funding Request Form**

**Organization Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please provide the following Funding Request Information:**

- 1) Funding amount requested: \_\_\_\_\_
- 2) Date funds are needed: \_\_\_\_\_
- 3) Total amount of the project/event: \_\_\_\_\_
- 4) Does your organization provide services benefiting the general welfare of the residents of Marshall County? YES \_\_\_\_\_ NO \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Describe in detail the purpose for which funds will be used (e.g.: grant match, special event, maintenance & repair, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Description of who will benefit from the funds requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Have you received any other funds? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
- 8) Does your organization have an annual audit? YES \_\_\_\_\_ NO \_\_\_\_\_  
Financial Statement? YES \_\_\_\_\_ NO \_\_\_\_\_

**FOR COMMISSION USE ONLY**

Amount Approved: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Order Book: \_\_\_\_\_ Page #: \_\_\_\_\_

\_\_\_\_\_  
President, Marshall County Commission Date

Receipts for Funds Due to Commission Office on or Before: \_\_\_\_\_