

FUNDING & SUPPORT REQUEST FORM

Date of Request _____

Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

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

Evaluation: Describe how this will benefit Lutsen Township and **how this is/will be measured.**

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

Submit by February 10 emailing all required documents to lutsentownship@gmail.com or send to Lutsen Township, Box 151, Lutsen, MN 55612 Attention: Clerk