

**DICKINSON CITY SALES TAX FOR SENIOR CITIZEN CENTERS
GRANT APPLICATION**

REQUEST FOR FINANCIAL DISCLOSURE
JANUARY THROUGH DECEMBER 2011

Organization Name _____ Contact Person _____

ASSETS

Checking Acct Balance _____

Investment _____
(CD'S and savings)

Building Value _____

Other Assets _____

TOTAL ASSETS _____

LIABILITIES

Bills Payable _____

Outstanding Loans _____

Special Assessments _____

Other Liabilities _____

TOTAL LIABILITIES _____

REVENUES

Membership Fees _____
Collected

Dickinson City Grant _____

Local City Sales Tax _____

Other Grants _____

Fundraisers _____

Facility Rental Income _____

Donations Received _____

Other Revenues _____

TOTAL REVENUE _____

EXPENDITURES

Salaries _____

Insurance _____

Rent Expense _____

Maintenance & Upkeep _____

Telephone _____

Utilities _____
(Water/Sewer/Garbage/Gas/Electricity)

Property Taxes _____

Other Expense _____

TOTAL EXPENSES _____

** Please forward prepared financial statements if available. **

**DICKINSON CITY SALES TAX FOR SENIOR CITIZEN CENTERS
GRANT APPLICATION**

REQUEST FOR FUNDING

Organization Name _____

Contact Person _____

Address _____

City _____ Zip _____ Phone Number _____

Does your facility operate a Senior Meal Site (congregate or home delivered meals)? Yes or No

Does your facility serve as a Health Maintenance Clinic site? Yes or No

Does your organization receive funds from a local city sales tax other than Dickinson? Yes or No

Does your organization own your building? Yes or No

How many paid up memberships did you have as of December 31, 2009? _____

How was your last years grant money used? _____

What amount is your organization requesting from the City of Dickinson? _____

Please explain the need(s) for your funding request: _____
