

Application Submission Directions:

Please Mail or Drop off the following form at the address below when completed:

**City of Dickinson
Attn: SW Regional Grant
99 2nd Street East
Dickinson, ND 58601**

If you have any questions regarding the submission of this application, please feel free to contact City Hall at 701-456-7744

Year: _____
CITY OF DICKINSON
SW REGIONAL SALES TAX GRANT
APPLICATION

(Deadline to apply is March 15, 2012 at 5:00 PM)

Request for Funding

Organization Name: _____

Contact Person: _____ e-mail address _____

Address: _____

City/State: _____ Zip _____

Date: _____ Phone No: _____

Does your city collect a city sales tax? Yes or No

If so, have they granted your project any money? Yes or No

Amount Requested \$ _____ One-time request OR Multi-year request

Project Title _____

Short description of Project _____

What community's need will the project serve? _____

Who will manage the project when complete? _____

(A letter from the person(s)/government, etc. who will manage the project must be included with this application form.)

What are the local/other sources of support for this project (include donated time, materials, cash donations)? _____

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Have you secured the other funding sources? _____

Who will manage the project during the development stage? _____

Project Budget

| <u>Description</u> | <u>Amount</u> |
|---------------------------|----------------------|
| Design Fees: | \$ _____ |
| Legal Fees: | \$ _____ |
| Site Acquisition: | \$ _____ |
| Site Preparation: | \$ _____ |
| Construction: | \$ _____ |
| Site Improvements: | \$ _____ |
| Equipment: | \$ _____ |
| Labor: | \$ _____ |
| Materials: | \$ _____ |
| TOTAL BUDGET | \$ _____ |