

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

**REQUEST FOR FINANCIAL DISCLOSURE**  
JANUARY THROUGH DECEMBER 2020

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 \_\_\_\_\_

Mill Levy Dollars \_\_\_\_\_  
(County or City)

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, 2020? \_\_\_\_\_

How was your last years grant money used? \_\_\_\_\_

What amount is your organization requesting from the City of Dickinson (we do not cover operational cost)? \_\_\_\_\_

What is the total cost of the project? \_\_\_\_\_

How do you plan on recognizing Dickinson in your community? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_