

# **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 2<sup>nd</sup> 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 13, 2019 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**

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