



City Sales Tax Application – Request for Funding

Date: _____ **Received By:** _____

Applicant Information

Organization/Business Name: _____ Phone: _____

Address: _____
Street / PO Box City State Zip

Contact Person: _____ Phone: _____

Email Address: _____

Project Information

Amount Requested: \$ _____ Total Cost of Project: \$ _____

Would like to receive funding by what date: _____

Description of Project: _____

Estimated Material Cost: \$ _____ Estimated Labor Cost: \$ _____

Project Start-up Date: _____ Project Completion Date: _____

Main Source of Funding: _____

Other Source of Funding: _____

Additional Explanation or Comments: _____

Disclaimer and Signature

I certify that the above statements are correct to the best of my knowledge and belief, and that I am authorized to sign this application.

Signature: _____ Date: _____

Printed Name: _____

Application Information

- **Deadline for applications will be the 15th of the month**
- **Please Attach the following, if available:**
 1. **Copy of most recent budget**
 2. **Copy of last year's financial statement**
- **Applications are to be sent to:**
 - **Sales Tax Advisory Board**
PO Box 1200
Rolla, ND 58367-1200
 - taramcdougall@utma.com
- **Applicants are invited to attend the Sales Tax Advisory Board Meeting**