



Received _____ #18-_____

**CITY OF DONNELLY
LOCAL OPTION TAX "LOT" FUNDING APPLICATION
OCTOBER 1, 2017 – SEPTEMBER 30, 2018**

Applicant: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Phone: _____ Alt Phone: _____

If allocation is granted, make check payable to: _____

Organization Type: For Profit Non-Profit Other: _____

Project Name: _____

Amount Requested: _____ Funding Request: One-Time On-Going

Date you would like to receive money (from 10/17-9/18): _____

Proposed Project Start Date: _____ Proposed Completion Date: _____

Current Sources of Funding: _____

Will LOT money be used to leverage another Grant: Yes / No Do you have any matching funds: Yes /No

If yes, please Explain: _____

This Request fall under the qualifying category of: _____

Please explain why: _____

The money will specifically be spent at follows: _____

Please use additional pages if needed. **** You must submit _____ W-9 and Proof of Idaho Business Entity Registration

Submitted by: _____