



Received _____ # _____

CITY OF DONNELLY
LOCAL OPTION TAX "LOT" FUNDING APPLICATION
Due Date: June 15th

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

If allocation is granted, make check payable to: _____

Organization Type: Circle One for Profit Non-Profit Governmental Entity

Other: (include proof authorized to conduct business in Idaho) _____

Project Name: _____

Amount Requested: _____

Proposed Project Start Date: _____ Proposed Completion Date: _____

(Start dates must fall with the forthcoming Fiscal Year which begins October 1st)

Current Sources of Funding: _____

- Copies must be submitted:
- W-9 Form
 - Proof of State of Idaho Business Entity Registration
(to apply, contact the Secretary of State's Office at 208-334-2301. For proof of registration, go to www.accessidaho.org)
 - 1 year Profit and Loss Statement and Balance Sheet

This Request fall under the qualifying category of (3.10.050 Purpose of Tax Revenues)

Circle One:

- A. New paving, parking, bike paths, public transit and transportation;
- B. Matching funds to leverage grant funding;
- C. Public safety;
- D. Parks and land acquisition for new park facilities;
- E. City beautification including but not limited to, open space acquisition, streetscapes, burial of overhead utility lines;
- F. Recreational and cultural activities and facilities including, but not limited to, library, community art and cultural events;
- G. Animal shelter support;
- H. Economic Growth, marketing, advertising, promotion and development;

- I. Capital Improvements; and
- J. Direct costs to collect and enforce the tax.

Explain in detail how this request complies with the public purpose/s you have identified: _____

Funds will be specifically spent as follows (attach additional page, if needed, to describe project):

Process for Receiving Allocated Funds:

- 1. Allocated Funds Upfront – sign Agreement then complete Final Award Report upon completion of project.
- 2. Reimbursement of Allocated Funds – show project receipts and completed Final Award Report.

All Ads/Communication to include mention of funding by City of Donnelly Local Option Tax

I certify that the information herein contained and attached is true and correct on behalf of the requestor:

Submitted by: _____ Date: _____

Signature: _____

OFFICIAL USE ONLY
REQUESTOR DOES NOT COMPLETE ANYTHING BELOW THIS LINE.

All blanks are to be initialed and dated by the appropriate City officials as indicated.
Clerk means City Clerk; Chair means Chairman of the Commission.

This Request Process is in chronological order, and the stage of the process is evidenced by the official's initials. The Commission will not process this Request unless all the steps preceding the official's action have been completed on this form.

COMPLETED BY CITY CLERK

Above Request form has been filed timely: _____ [date] Initialed by Clerk. _____
Above Request form has been reviewed and is complete: _____ [date] Initialed by Clerk. _____
Above Request form has been provided to the Commissioners: _____ [date] Initialed by Clerk. _____

COMPLETED BY CHAIRMAN OF THE COMMISSION

Review by Commission prior to the public meeting: _____ [date] Initialed by Chair. _____

Request is:

_____ **Recommended to the City Council as submitted**
_____ **Recommended to the City Council with the following modifications:**
[list] _____

_____ **Not included in the Commission's recommendation to the City Council.**

COMPLETED BY CITY CLERK

The Requester and the City Council have been notified of the above action of the Commission: _____ [date]
Initialed by Clerk. _____
The City Council action on recommendation of the Commission:
_____ Granted _____ [date] Initialed by Clerk. _____
_____ Modified
_____ Denied

COMPLETED BY CITY CLERK ON REQUESTS APPROVED AND OR MODIFIED AND APPROVED BY CITY COUNCIL

Agreement prepared, reviewed and approved by the City Clerk and signed by the Requester.

Signed (Clerk.): _____ Date: _____