Marshall County Commission
Funding Request Form

Organization Name: _____________________________________________

Address: _______________________________________________________

Phone Number: ____________________ Fax Number: ____________________

Contact Person & Title: __________________________________________

Email Address: _________________________________________________

Please provide the following Funding Request Information:

1) Funding amount requested: ________________________________
2) Date funds are needed: ________________________________
3) Total amount of the project/event: ____________________________
4) Does your organization provide services benefiting the general welfare of the residents of Marshall County? YES _____ NO _____ Please explain: _________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5) Describe in detail the purpose for which funds will be used (e.g.: grant match, special event, maintenance & repair, etc.): _________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6) Description of who will benefit from the funds requested: _________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7) Have you received any other funds? YES _____ NO _____ If yes, please list:
   a. _________________________________________________________________
   b. _________________________________________________________________
   c. _________________________________________________________________
   d. _________________________________________________________________

8) Does your organization have an annual audit? YES _____ NO _____
Financial Statement? YES _____ NO _____

FOR COMMISSION USE ONLY

Amount Approved: $ ____________________ Date: ________________ Order Book: ______________ Page #: __________

President, Marshall County Commission ____________________ Date ____________________

Receipts for Funds Due to Commission Office on or Before: ______________