

APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT PERSON:	PHONE NU <i>l</i>	ABER:	EMAIL:
ORGANIZATION OVERVIEW (which could include	e mission, history	, and demographic	cs served):
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TYPE OF REQUEST: Money In-Kir	d		
Have you previously requested money from SLCo?			
If yes, when and how much (previous three years)?		<u> </u>	
What is the amount of your request?	_		
The amount you are requesting is of you	r annual agency bu	ıdget.	
What is the purpose of the money you are requesti	ng?:		
PLEASE ATTACH:			
Copy of organizations nonprofit status.			
Copy of independent audit. If you do no	t have one, please	enclose a copy of	current financial statements.
You will be expected to report to the Salt Lake Co	ounty Mayor on ho	w the money was	used and the success of the project.
The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer of employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.			
Dated this day of,	Applicant _	Patrick Ponhi	,