



APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____ EMAIL: _____

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

TYPE OF REQUEST:

1. Money In-Kind
2. What is the total amount of your request? _____
3. Have you previously requested money from SLCo? Yes No
 If yes, when and how much (previous three years)?
4. The amount you are requesting is _____ % of your annual agency budget.
5. What is the purpose of the money you are requesting?:

PLEASE ATTACH:

- Copy of 501(c)(3)
- Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

You will be expected to report to the Salt Lake County Mayor on how 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 or 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 _____

Applicant 