

Request for Charitable Gambling Funds

Name of Organization Requesting Funds: \_\_\_\_\_

Non-profit Organization?  Yes  No

Description of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has your organization/group done to help raise funds for this project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount required for project: \$ \_\_\_\_\_

Other organizations you have requested funds from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount you are requesting from the City of Hewitt: \$ \_\_\_\_\_

Person making request: \_\_\_\_\_

If funding/donation is approved, who should the City of Hewitt make a check payable to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Person Making Request

Office Use Only:

Category:  Non-profit  Children  Needy  Other \_\_\_\_\_

Lawful Purpose: \_\_\_\_\_

Action:  Approved  Denied

Check Number: \_\_\_\_\_

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Clerk/Treasurer Signature