

REQUEST FOR SPECIAL ALCOHOL TAX FUNDS TO MARION CO.

Date: _____

Name of Organization/Business _____

Organization Address _____

Name of Person/Contact Requesting Funds _____

Phone Number _____ Email Address _____

Mailing Address _____

Describe your relationship to the organization or business for which you are requesting funds _____

What is the organization/business purpose or mission? _____

Why are Special Alcohol Tax Funds needed? How will they be used? _____

When are the funds needed—by what date? _____

How many people will these funds assist/impact? _____

Total amount of your request \$ _____

Itemize how this amount will be spent. Supplies \$ _____

Fees \$ _____

Scholarships \$ _____

Other (please note) \$ _____

Other (please note) \$ _____

If funds from other sources are being used for this project, please complete:

Source of additional funds _____

Amount of additional funds \$ _____

We would like a commitment to our Substance Abuse Prevention Coalition.

Would you be willing to help our coalition with future events 1-2 times per year? Yes _____ No _____

Mail this request form to: Marion County Substance Abuse Prevention Coalition
c/o Families and Communities Together, Inc.
416 S. Date
Hillsboro, KS 67063

If you have questions or concerns, please contact: Terry Bebermeyer, Families and Communities Together, Inc. Director
Phone: (620) 877-0197 Email: fact@usd410.net