

We would like a commitment to our coalition – SAPC; would you be willing to help our coalition with future events 1-2 times per year? **Yes**_____ **No** _____

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 \$ _____

Mail this request form to: **Marion County SAPC**

**c/o FACT, Inc.
416 S. Date
Hillsboro, KS 67063**

Questions? Contact FACT, Inc.
Ashlee Gann 620-877-0197
fact@usd410.net