

REQUEST FOR ALCOHOL TAX FUNDS

*Request for Alcohol Funds must be submitted at least 2 months prior to date funds are needed.
(Exceptions require SAPC officers vote of approval prior to submission to the coalition.)*

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's/business' purpose or mission? _____

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

By what date are the funds needed? _____

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 and 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 at least once 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) 947-3184 (opt 5) Email: fact@usd410.net

