

# REQUEST FOR SUPPORT FORM

Date of Request \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Website \_\_\_\_\_ Tax ID# \_\_\_\_\_

**Contact**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Applicant (if different than Contact)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Request:**

- Financial Support – \_\_\_\_\_
- Letter of Support
- Other - Explain

**Timeframe** – start and end date :

**Organization History** (Please include a mission statement; if requesting funds, most recent financial statement and proposed budget)

**Support Description** Please describe your project, program for which you are receiving support and include the following: see attached

- Identify the Minnesota statute that allows Schroeder Township to provide support to you.
- Explain how you meet any additional conditions that are specified in the statute.
- Identify how many Schroeder Township residents make use of your services.
- Provide any other information that would help Schroeder Township residents and the Town.

Board decide on support for your organization.

**Evaluation** Describe how this will benefit Schroeder Township and how it will be measured. See attached

**Recognition:** Explain how Schroeder Township will be recognized for this support. See attached.

