

REQUEST FOR SUPPORT FORM

Date of Request 2/7/2021

Name of Organization Superior Timberwolves Sportman's Club

Address P.O. Box 2224  
Tofte, MN 55615

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website facebook.com/superiortimberwolvesportmansclub/ Tax ID# 41-1825875

Contact

Name Lee Jahnke Title President

Telephone 218-663-7552 Email leesbody@hotmail.com

Applicant (if different than Contact)

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

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

Request:

- Financial Support - \$500.00
- Letter of Support
- Other - Explain

Timeframe - start and end date: Jan 1'22 to Dec 31'22

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

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.