

Application for FY25 Boone County Local Option Sales Tax Grant

Organization Name: _____

Contact Person: _____ Phone # _____

Email: _____ Date of Request: _____

Amount of Request: _____ Total Agency Budget: _____

How will the funds from Boone County be used?

Has there been any significant changes to your organization in the past 12 months, such as administration, funding, programming, etc.? _____ If yes, please explain

You may submit additional information with this application, with a total of 10 pages maximum.

Signature of Person Submitting Request: _____

You will be contacted by the Auditor's Office if the Board would like to schedule a meeting with you regarding your request, or once your request has been approved or denied.

Office Use Only

Meeting? Yes _____ No _____ Date of Meeting: _____ Time: _____

Request Reviewed On: _____ Approved _____ Denied _____

Amount of Funding Approved: _____

Board Chairman _____

Auditor _____