

Request for Local Option Sales Tax Funding from Boone County

Organization Name: _____

Contact Person: _____ Phone # _____

Email: _____ Date of Request: _____

Mail To Address: _____

Amount of Request: _____ *Please include financial statement for organization*

Fiscal Year for Request: _____

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 also submit a report with this application if you have more information for the Board to review. If you have any questions, call 515-433-0500 or email sbryant@boonecounty.iowa.gov

Signature of Person Submitting the 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 _____