

ARTHUR TOWNSHIP

2019 Application for Health and Welfare Funds Funds to be Disbursed in 2020

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____

CONTACT PERSON _____

PROPOSED USE OF FUNDS _____

THE DONATION REQUEST FOR THE PROPOSED USE OF FUNDS LISTED ABOVE ARE AUTHORIZED BY WHAT MINNESOTA STATUTE? IT IS YOUR RESPONSIBILITY TO RESEARCH THIS AND PROVIDE WHAT YOU BELIEVE TO BE THE AUTHORIZING STATUTE FOR THE TOWN BOARD TO REVIEW.

HOW DOES YOUR ORGANIZATION BENEFIT ARTHUR TOWNSHIP OR ITS RESIDENTS?

HOW MANY ARTHUR TOWNSHIP RESIDENTS DID YOU ASSIST IN THE PAST YEAR? _____

HOW MANY TOWNSHIPS AND/OR COUNTIES DO YOU SERVE?

Please attach a copy of one of the following as proof of non-profit status: Form 990 or a comparable IRS form that shows your non-profit status.

We will require a representative to be present at our annual meeting to present your organization's request and answer any questions. Presentations should be limited to 3 minutes. The representative should be a resident of Kanabec County.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

**ALL APPLICATIONS MUST BE SUBMITTED TO THE
CLERK BY MARCH 1ST**

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