

CITY OF GERING
APPLICATION FOR KENO FUNDS
(Please type application request)

Name of organization: _____ Date submitted: _____

Mailing address: _____

Phone number: _____ Cell Number: _____ Email: _____

Who is the check to be made out to: _____

Explain in detail what the Keno Funds will be used for: (purchasing capital, implementing new programs or a special project. Keno Funds may not be used to supplement an operating budget) _____

(Please submit a detailed explanation of the program and/or project and how Keno Funds will be used, how it applies to community betterment and who benefits from this on a separate piece of paper and email a Word file document to cmartin@gering.org)

How much money are you requesting? _____

Provide a copy of your annual budget. _____

Do you receive matching funds with the support you receive from the City? _____

If so, who do you receive the funds from? _____

Have you applied for Keno Funds before? _____ Have you received Keno Funds before? _____

Please provide a date and amount of prior funds received: _____

Describe how your organization impacts the community: _____
