#### HOONAH LIQUOR INC.

# APPLICATION TO THE BOARD OF DIRECTOR'S FOR FINANCIAL SUPPORT

Due in the City Clerk's Office no later than 3:00 p.m. the Tuesday preceding the Monday Board meeting.

#### **GUIDELINES**

The attached application has nine sections. Sections 1-8 must be completed and returned prior to the meeting. Section 9, the Project Summary and Expenditure Report must be completed and returned after expenditure of funds. If all of the funds have not been expended within 30 days of receipt of the funds, a project update should be filed. Applicants failing to complete and return Section 9 may not be eligible for future requests.

- Applications must be picked up and returned to the City Clerk.
- The original and 7 copies of the application and cover letter must be returned to the City Clerk.
- Upon completion of the project, the Applicant shall submit a Project Summary and Expenditure Report to the City Clerk for review by the Board of Director's of Hoonah Liquor Inc. (hereafter "the Board") within 30 days of the original request.
- Applicants must be sponsored by and "Organization" within Hoonah and the person making the request must be a resident of Hoonah.
- Applications must be accompanied by a cover letter of request, and applicant or representative must be present when the application is being considered at the meeting by the Board.
- Eligibility is limited to: community, school, health, municipal, educational, recreational and cultural activities.
- The Board, upon considering the application, makes the final decision.
- The Board <u>MAY</u> consider funding a financial request up to 50% of the total project amount, providing that the applicant supplies and demonstrates a matching amount of equal or greater than the amount requested.
- The Board reserves the right to sponsor a project not intended for individuals or for profit entities.

APPLICATIONS NOT ADHERING TO GUIDELINES SHALL BE REJECTED.

## HOONAH LIQUOR INC. FINANCIAL SUPPPORT APPLICATION

	OFFICE USE ONLY	OFFICE USE ONLY Stamp received	
Ass	signed Application Number:		
		Time:	
	<u> </u>	Office no later than 3:00 p.m. the Monday Board meeting.	. the
1.	Applicant Information		
	Sponsoring Organization:		
	Address:		
		Hoonah, Alaska 9982	<u> 29</u>
	Phone:		
	Make Check Payable To:		
2.	Amount of Financial Support Requested		
	Anticipated amount of proje	ect:	
	Any matching funds?	YesNo Amount:	
3.	Other Resources List all Organizations you a	are requesting financial support from:	
	Name of Organization –	Amount Reques	sted

Amount Requested

Name of Organization

	Purpose of Request			
	How will funds be used?			
	Type of Activity			
	SchoolActivityRecreationalCommunity			
_1	MunicipalOther Explain:			
	Number of Participants in Activity by Age			
	Ages: 0-18: 19-25:			
	Adults:Entire Community			
	Prior application to Hoonah Liquor Inc.			
	Have you ever requested assistance from the Board of Hoonah Lie	quor Inc.?		
	Yes. Date: Application Approved?No, have not previously requested or received assistance.	_YesNo		
	Certification by Applicant			
	I acknowledge that I have made this application on behalf of the "Organization" mentioned in Section 1, for the uses and purposes herein explained and I have been given authority by the "Organization" to represent them in this matter.			
	Signature of Applicant Da	ate		
	I acknowledge that the Applicant has authority to make this application of the "Organization" and he/she or our designee may repre "Organization" in this matter. A Project Summary and Expend Report will be filed upon completion of the project.	esent the		
	Signature of Official within the Organization Da	ate		

### HOONAH LIQUOR INC.

Due in the City Clerk's office within 30 days of receipt of Financial Support and no later than the Tuesday preceding the Monday Board meeting. ALL receipts are DUE with this Expense Report.  [ ] Project update [ ] All the funds have been	OFFICE USE ONLY  Date Received:  Assigned Application Number:
expended	
Project Summary and Expenditure Rep	port
A. Name of Sponsoring Organization:	
B. Amount Requested:	
C. Date Requested:	
D. Person(s) receiving payment for ser	rvices rendered:
E. Items Purchased with money reque	sted. Please be as detailed as possible.
F. Certification of Applicant I certify that the funds were expended a	as herein stated.
Signature of Applicant	Date