



Application for Donation

PO Box 586 | Ipswich, SD 57451

Phone: 605-426-6961 | Fax: 605-426-6626

Email: ipswichfo@valleytel.net | www.ipswich-sd.com

Organization Information:

Organization: _____

Address: _____

Contact Person: _____ Phone #: _____

Does the organization have 501(c)3 status? Yes No If Yes, your TIN: _____

Are any City of Ipswich employees involved with your organization? Yes No

Information/Attachments Required: (Below or on separate sheets, please provide the following information.)

1. Funding Amount requested: \$_____
2. Funding Amount received last year: \$_____
3. Submit a proposed budget and most recent annual financial statement, including beginning and ending cash balances, all revenues and all expenditures. (Please attach.)
4. Are funds obtained from other sources? Yes No *If yes please provide a description of funding sources.*
5. Please provide an explanation of what the donation will be used for:

I agree that if awarded funds from the City of Ipswich that I will provide an accounting of income and expenses resulting from the use of such funds. *Per SDCL 9-12-11*

Signature

Date

For Office Use:

Approved for \$: _____ Deferred for later consideration Denied _____

Approved/Denied On: _____ Check #: _____ Check Date: _____