|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization | | |  | | | | | | |
| Address | | |  | | | | | | |
| City/State/Zip | | |  | | | | | | |
| Contact Person | | |  | | | | | | |
| Office Phone | | |  | | | | | Cell Phone |  |
| Email | | |  | | | | | | |
|  | | | | | | | | | |
| Amount of Funding Requested | | | | | | |  | | |
| Organizations primary operation and Proposed Use of Funding: | | | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | | | | |  | | | | |
| Project Time Frame | | | | | | | | | |
|  |  | | | | | | | | |
| Will Funding be matched? | | | | | |  | | | |
| Authorized Signature | | | |  | | | | | |
| Date | | |  | | | | | | |

Please fill out this request form and submit by email to [auditor@taylorcounty.iowa.gov](mailto:auditor@taylorcounty.iowa.gov) or drop form off in the Auditor’s Office.

All appointments for funding need to be made in the Auditor’s Office, 712.523.2280.

The Board meets every Thursday beginning at 9:00 a.m.