

Funding Request Form

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Email: _____

Phone Number: _____

Description of services provided and community needs met by this organization:

List the anticipated uses of requested funds:

Description and dates of any specific events these funds are being requested for:

**City of Gregory
120 W 6th St.
Gregory, SD 57533**