## MORGAN COUNTY COMMISSION 77 Fairfax Street, Room 101 Berkeley Springs, WV 25411 \* 304.258.8540

## **REQUEST FOR FUNDS APPLICATION**

Request #:	
•	Ito he completed by Commission

Organization Name & Mailing Addres	SS	Amount Requested	Date of Request			
Requestor Name		r Telephone # and e-mail	Chec	ck should be made payable		
	address:		to:			
Describe in detail what funds will be used for and include a cost breakdown: (use back of form if necessary)						
ft						
	ther sources of fu	inding that have been pu	sued	D		
Name of organization or grant		Date of activity		Result of efforts/Status		
Required Attachments:						
☐ A recent estimate or quote for equipment, services or work to be performed ☐ Copy of 501 c(3) non-profit status certification, form 990						
☐ Prior year income statement ☐ Current year income statement (year-to-date)						
Prior year balance sheet						
Current year balance sheet (year-to-date)						
☐ Current year budget						
For Commission Use Only:						
Amount Approved Date Appr	roved	Name/Account # of Fund		Pate To Be Allocated		
Approved by: Approved by: Approved by:		proved by	oved by:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Sean Forney	Joel Tuttle		Bill Clark			
President Commission Commissioner Morgan County Commission		Commissioner		oner		