

HARRISON COUNTY COMMISSION SPECIAL FUNDING REQUEST

*Thank you for the opportunity to support your project. Please complete this application and return it to the Harrison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email: Facsimile: 304-624-8673; Email: rseamon@harrisoncountywv.com; Question: 304-624-8500
Funding is derived from the State of West Virginia/Video Lottery Funding.*

Date of Request: _____

Organization Name: _____

Name and Title of Requester: _____

Mailing Address of Organization and Responsible Person: _____

If approved, this is where the check will be sent

Telephone: _____ Fax: _____ E-mail: _____

FEIN# _____	Is your organization an IRS 501(c) 3 not-for-profit?	Y	N
If yes, attach IRS Status Letter			
If no, please explain: _____			

TOTAL Cost of Project/Activity: \$ _____

Dollar Amount REQUESTED - Grant: \$ _____ Loan: \$ _____

Was project funded previously by HCC? Y N If so, when _____; how much: \$ _____

Have you previously received funds from the Harrison County Commission:	Y	N
If Yes, how much? If funded multi years - list by fiscal year?		
When: _____; how much: \$ _____		
When: _____; how much: \$ _____		
When: _____; how much: \$ _____		

Purpose of request (one sentence): _____		
If for a fair/festival/event, give dates and location:	Date: _____	Location: _____
Describe the proposed activities with dollar amounts to be funded by this request: _____		

Are your financial statements audited by an outside accounting firm?	Y	N
If Yes, by whom: _____		

Do you plan to recognize the Harrison County Commission 's contribution?	Y	N
If Yes, how? _____		

(Name of Applicant) _____ agrees that in the event of any embezzlement, theft or misappropriation of funds or property of any kind or nature or in the event of any alleged embezzlement theft or misappropriation of funds or property of any kind or nature from (Name of Applicant) _____, the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) _____ shall immediately report said incident(s) to the proper police agency having jurisdiction over such matters and, further, shall immediately report said incident(s) along with a writing describing said incident(s) have been reported to the police agency having jurisdiction, to the Harrison County Commission. Further, that (Name of Applicant) _____ agrees to fully cooperate with the police and the Prosecuting Attorney’s Office toward the successful prosecution of such activity.

Please attach to this Request the following:

- 1. IRS Letter of Tax Exemption, if you have one
- 2. Current List of Board of Directors with addresses
- 3. List other contributors with dollar amounts to your project/event
- 4. Balance sheet and income statement for immediate prior year, or reason why no available
- 5. Any additional information about your organization

FINAL REPORT REQUIRED: If approved, you agree to submit within 15 days of the event or end of project the “Final Report for Special Funding Request”, on page 3 of this application OR a detailed statement of revenues and expenditures.

On behalf of the Applicant, I certify that all required information in this request is attached and correct, that we agree to the above terms, and that a Final Report (on attached Final Report or by Internal Financial Report detailing substantially same information) will be submitted within 15 days of the end of the project/event.

Signature and Title of Applicant_____ **Date**_____

For Official Use:

This funding request is: APPROVED NOT APPROVED TABLED

Amount Approved: \$ _____ Paid Date: _____

With the following notations:

Action taken at Harrison County Commission meeting on: _____

Name of Organization/Applicant _____

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

AMOUNT RECEIVED FROM THE HARRISON COUNTY COMMISSION:	\$ _____
ITEMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEETS IF NECESSARY OR DETAILED STATEMENT OF REVENUED AND EXPENSES RELATED THERETO):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

NAME OF PROJECT/EVENT: _____

TOTAL PROJECT/EVENT INCOME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSARY OR A DETAILED STATEMENT OF REVENUES AND EXPENSES RELATED THERETO):	
INCOME SOURCE:	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____
EXPENSE ITEM:	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSARY)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

I CERTIFY THAT THE ABOVE INFORAMTION IS CORRECT

Applicant _____

Date _____