Request: ____
(To be used for multiple requests)

FISCAL YEAR 2010 REQUEST FOR FUNDING

Washington County Gaming Commission
33 West Washington Street, Room 200
Hagerstown, MD 21740
Telephone: 240-313-2040
Fax: 240-313-2041

Date: _____

Organization Name: _____

Address:_____

City: _____State: _____Zip: _____

If address listed above is outside Washington County, list address of organization's place of business in Washington County:

Street Address: _____

City: _____State: _____Zip: _____

Organization's Telephone Number: _____Fax:_____

Contact Person: _____Title: _____

Contact Person's Daytime Telephone Number: _____

Federal Identification Number (EIN): _____

Amount of funding requested $ _____
(Attach an itemized budget, quotations, and/or estimates in support of the requested amount.) (TAB ID-DOC)

Funds will be used for: (Be very brief):
_____

_____

_____ Operating Expenses: (Provide an itemized schedule of operating expenses to which gaming funds will be applied.) (TAB ID-DOC)

_____ Equipment or other Capital Projects: (Provide estimates or quotation for project) (TAB ID-DOC)

Applicant's Charitable Purpose:

____ Health and Human Services

____ Civic and Community Activity

____ Educational and Cultural Activity

____ Emergency Services

____ Athletic and/or Recreational Activity

____ Other, Specify: _____

Is this organization recognized by the Internal Revenue Service as a charitable 501c(3) organization?
____ Yes ____ No

*If **YES**, please attach the Internal Revenue Service letter of determination of tax-exempt status (TAB ID IRS LTR).* ***If NO, your application will not be considered for funding.***

Is this organization's 501c(3) status valid? ____ Yes ____ No

Note: You can check your non-profit status by calling 1-877-829-5500, or by going to the web site www.irs.gov. The Gaming Office will be checking the validity of your non-profit status. All organizations without a valid 501c(3) status will be disqualified from receiving funding.

Has the organization's tax-exempt status ever been denied, revoked, or otherwise modified by the IRS?
____ Yes ____ No

*If **YES**, please attach the letter from the IRS providing an explanation for their decision and also what procedures the applicant has taken to reverse the decision.*

Is this organization incorporated? ____ Yes ____ No

*If **YES**, indicate State Dept. of Assessments and Taxation number:* _____

*If **YES**, are this organization's Articles of Incorporation: ____Active ____Forfeited ___Other*

Note: You can check your status by going to the web site www.dat.state.md.us. The Gaming Office will be checking your organization's status. Those organizations with a forfeited status may be disqualified from receiving funding.

Is this organization an unincorporated association? ____ Yes ____ No

*If **YES**, you must complete the Notice of Responsible Person form included in this packet.*

Has the applicant filed a 990 non-profit tax return? ____Yes ____ No

*If **YES**, please attach the most recent completed and signed Form 990 as filed with the IRS.* (TAB ID FORM 990)

Does the applicant receive funding from local, state, or federal government sources?

____ Yes ____ No

*If **YES**, please attach a schedule detailing the amounts of such funding and information concerning the amount and conditions related to any funding provided by other sources.* (TAB ID FUNDS)

Has the applicant previously applied for gaming funds? ____ Yes ____ No

Has the applicant previously received gaming funds? ____ Yes ____ No

*If **YES**, please provide documentation on how the funds were expended. A mere statement or spreadsheet is not sufficient. Invoices, cancelled checks, etc. must be provided. (TAB ID: PAST) Failure to provide sufficient proof may result in a denial of your application.*

Has your organization submitted more than one application for funding consideration for this funding cycle? ____ Yes ____ No

*If you answered **YES**, please indicate which application should be given funding priority*
____ Operating ____ Equipment or Capital Projects

Give a brief description of the project and how it will improve the quality of life in Washington County. **This item must be completed.**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Identify targeted communities in Washington County and/or intended audiences for which funding will be utilized. **This item must be completed.**

_____
_____
_____
_____
_____
_____

List partners and/or collaborators who work with your organization to achieve your organization's goals. **This item must be completed.**

_____
_____
_____
_____
_____
_____

How many Washington County citizens will benefit from the funding? Explain how they will benefit. **This item must be completed.**

_____
_____
_____
_____
_____
_____

Application Submission Statement:

I hereby declare or affirm, under penalties of perjury, that the matters and facts set forth herein are true and correct and that any documents attached are unmodified and true and genuine copies of tax returns as duly filed with the Internal Revenue Service. I also declare and affirm that I am a person duly authorized to enter into legally binding obligations on behalf of the herein applicant organization.

I hereby agree to provide proof that any funds received from the Gaming Commission were expended for the purpose requested herein within one year from the receipt of said funds. I understand that any modifications to the proposed use of allocated funds must be requested in writing and approved by the Gaming Commission prior to the expenditure of any allocated funds.

I hereby represent and warrant that the applicant organization does not discriminate on the basis of race, creed, sex, age, color, national origin, physical or mental disabilities for employment or the achievement of the mission or goal of the organization.

I understand that any and all applications submitted, as well as supporting documentation may be considered public documents. As such, all applications and supporting documents may be viewable and obtainable by the public under the provisions of the Public Information Act, MD Code Ann., State Government Article 10-613.

Signature: _____Date: _____

Printed name and title: _____

Contact Numbers: Home _____

Work _____

Cell _____