



Osseo Lions Club

P.O. BOX 473, Osseo, MN 55369

Application For Financial Assistance:

The following is a lawful request for financial assistance from the Osseo Lions Club, Osseo, Minnesota under the guidelines set forth by the Charitable Gambling Control Board of the State of Minnesota.

Date: _____

Requesting Organization: _____

(Individuals must seek requests through a designated third party organization)

Address _____ City: _____ State: ___ Zip: _____

Phone: (____) _____

Name of person submitting request: _____

Address _____ City: _____ State: ___ Zip: _____

Phone: (____) _____

General Purpose (Circle One): Educational, Health Services, Youth Activities, Disabled,

Park and Recreation, Community Project, Other: _____

Reason For Request: _____

(Please include additional page or information if needed.)

What is the total estimated cost of this project? _____

How much have you raised to date? _____

How much are you requesting from the Osseo Lions? _____

What is your area of service? _____

What other organizations have you approached? _____

Which of these have been approved? _____

Is approval needed from another governing body? (School Board, City Council, etc.)

If so, have you received this approval? _____

Are you affiliated with any charitable gambling organization in the state of Minnesota?

If so, how and with whom? _____

Are you exempt from Federal Income Tax under section 501 (c)(3) of the Internal Revenue Code? _____

To whom should the check payable be made out to? _____

Date needed: _____

To the best of my knowledge, the above information is true and accurate, and by signing this request, I am acting as a valid representative of our organization.

Signed: _____ Date: _____

Mail to: Osseo Lions Club, P.O. BOX 473, Osseo, MN 55369

(For committee use)

Gambling Committee _____ Approved _____ Date _____ Amount _____

General membership _____ Approved _____ Date _____

Restrictions _____

Designations _____

Comments _____

Date Paid _____ Check# _____