Date Received: _____ No. 10-_____

LOCAL OPTION TAX
LOT Funding Application
October 1, 2009 – September 30, 2010

Applicant *(print):* _____

Mailing Address: _____ _____ _____ _____
Street City State Zip Code

Contact Name: _____ Title: _____

Phone: _____ Alt Phone: _____ Email: _____

If allocation is granted, make check payable to: _____

Organization Type: ☐ For-Profit ☐ Non-Profit ☐ Other: _____

Project Name: _____

Amount Requested: $_____ Funding Request is: ☐ One Time ☐ On-Going

Date you would like to receive money (from 10/1/09 – 9/30/10): _____

Proposed Project Start Date: _____ Proposed Project Completion Date: _____

Current sources of funding: _____

Will LOT money be used to leverage another grant? ☐ Yes ☐ No
If Yes, please explain: _____

Attach additional page if needed.

*****You must submit:** ___ ***W-9 Form and***
___ **Proof of *State of Idaho Business Entity Registration*.**
(To apply, contact The Secretary of State's office at 208-334-2301;
For proof of registration, go to website www.accessidaho.org)

This request falls under Category: _____

Please explain why:

Money will specifically be spent as follows:

Submitted By: _____ Signature: _____ Date: _____