



City of Belle Fourche Funding Request Application

Finance Office
511 6th Ave. Belle Fourche, SD 57717
P: 605-892-2494 F: 605-892-2784

Applicant Information

Organization Name: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Telephone Number: _____ Email Address: _____

Employer Identification Number: _____ IRS Exemption Type: _____

Proof of Non-Profit Certification: _____ (Please attach certificate)

Contact Person: _____ Title: _____

Contact Person Phone Number: _____ Email: _____

Do you have a governing Board? YES No How often do you meet? _____

Explain your procedure for approving expenditure of the City funding:

Funding Request

Amount Requested: \$ _____

Program Description & Use of Funds:

Uniqueness of Service:

Contribution to the Citizens of Belle Fourche:

Area Coverage:

If your organization serves as “regional area”, please provide an analysis of revenue sources from all government agencies versus location of persons benefiting from services provided.

Number of Persons benefiting from funds: A) Total: _____

B) Belle Fourche Citizens: _____

Financial Information

Requirement: Please attach financial statements from last year that include an Income and Expense Statement and a Balance sheet from the previous fiscal year. Financial statements must include all sources of revenue.

1) **Total Revenue:** \$ _____

2) **Total Expenditures:** \$ _____

3) **Estimated Net Surplus (Deficit)** \$ _____

Additional Information

Mission:

Vision:

Goals:

Accomplishments in the last 3 years:

Applicant Checklist:

- Non-Profit Certification
- Income & Expense Statement
- Balance Sheet

If awarded funding from the City of Belle Fourche, the Applicant agrees that, upon request, Applicant will provide proof that the funding provided by the City has been or is being used for the purposes for which it was requested.

The Applicant also agrees that if awarded funding for the Fiscal Year 2027, the funds will be used for the purposes now being proposed and it agrees not to use the funds for other purposes without the prior approval of the City of Belle Fourche. Applicant represents and agrees that the information herein provided is true and accurate.

Application Completed by: _____ **Title:** _____

Applicant Signature: _____ **Date:** _____

Office Use Only:

ALL Financials provided: Yes No Income Statement Expenditure Statement Balance Sheet
Non-Profit Status Verified: Yes No Funding Approved: Funding Denied:
Date Submitted: _____ Amount Granted: \$ _____ Approved Date: _____