

1015 Hillside Ave. SW, Ste 2 | Pine City, MN 55063 | Phone: 320-629-2575 E-mail: info@pinecitymn.gov | Web site: pinecity.govoffice.com

2025 FUNDING REQUEST FORM

The City of Pine City each year entertains funding requests from various organizations in the community for funds intended to support local Recreation, Education and Social programs. These requests must be submitted to the City Administrator no later than **August 16, 2024** for **2025** distribution, if approved. All requests will be reviewed by the City Council and voted on during the City's budgeting process.

Your Name:
Organization's Name:
Mailing Address:
Phone Number:
Email address:
Specify, how the funds from the City of Pine City will be utilized in the local community?

Wł	What service does your organization provide to Pine City?				
Wi	Will these funds directly benefit the residents or businesses in Pine City? No				
De	Describe the benefit and how many will benefit?				
Wł	What are the ages of the people benefitting?				
Pro	Proposed Budget for (year of request)				
Lis	List your organization's expenses:				
	Salaries-Wages				
	Items to be purchased				
	Other				
Ī	Total Expenses Requested				

Please	list '	vour	organization's revenues:
		,	A

Cas	sh sources	
Oth	her Grant sources or donations	
Ear	rned Income (fees, ticket sales, etc.)	
In K	Kind Contributions	
	unds are needed:	
ate fu		equest:
ete fu	unds are needed:	
ease 1.	unds are needed: include the following items with your re	
ease 1.	unds are needed: include the following items with your re Confirmation/certification of the organize	

Th following years' budget.

Signature of person making request: _	
Title of person (if applicable):	

Please include any letters of recommendation and support for your organization.