

Potlatch Recreation District Program – Capital Improvement Application

Filing date is the **THIRD THURSDAY** in **NOVEMBER**

All monies are good only for one tax season. (Year)

Date of Application _____

Legal Name of Organization _____

Person to Contact _____

Phone Number _____

Address _____

City, State and Zip Code _____

Organization Description (2-3 sentences):

Is your organization a public agency/unit of government or religious institution? ___Yes ___No

If no, name of Fiscal Agent (Fiscal Sponsor) _____

DOLLAR AMOUNT OF SUPPORT REQUESTED _____

BUDGET: Total Annual Organization Budget _____

PROPOSAL SUMMARY: Please give a summary of the request, budget of the organization and project, and include the dates by which the funding will be needed on another sheet.

PROJECT QUALIFICATION: Please indicate how this project qualifies for Potlatch Recreation District funding. (*Idaho Code 31-4316 & 31-4317*)

EVALUATION: Please follow up your expenditures with a written evaluation as to the success or failure of the project that these monies funded. Be sure to include the number of Potlatch Recreation District patrons affected by your program. Please submit several photos of your program with your evaluation.

Please turn in your evaluations to **Potlatch City Hall** or the **Potlatch Recreation District, P.O. Box 644, Potlatch, ID 83855** prior to the new program deadline date or no other Program-Capital Improvement applications from your organization will be accepted.