

Date Received by EDA - _____

Application for Funding of Community Economic Development Projects

Who: Applicant/Organization/Club: _____

Organization Chairperson & Phone: _____

Person applying & Title & Phone: _____

What: Amount requested: _____

When: Date needed monies by: _____

Why: Request needed for: _____

Name to who check is to be made out to: _____

Mailing Address: _____

Please list any additional information that you think would be helpful to the EDA Board in considering your request. Please include why and how this would be for *Economic Development* to the Osakis area.

Information: Applicants can reapply at intervals. Funds may be available quarterly. Application forms available at the Osakis City Hall and on line at www.cityofosakis.com – click on Economic Development.

Signature of applicant: _____ Date: _____

Approved: _____ Amount: _____ Denied: _____

EDA Signature: _____ Date: _____

REQUEST IS DUE BACK TO EDA NO LATER THAN THE FOLLOWING:

March 1st * June 7th * September 6th * December 6th