

Summer Recreation Funding Worksheet

Contact Information

Managing Entity: _____
Applicants must be a public entity

Main Contact: _____ Keri Mack

Address: _____ 8065 Narcissus St.
_____ Victoria, MN 55386

Phone: _____ 651-491-1940

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Secondary Contact: _____

Phone: _____

E-Mail: _____

Requisite Information

Program Name: _____ Delano Youth Summer Soccer

Target Age Range: _____ 4yrs – 12yrs

Programming Dates: _____ 6/9/08 – 6/27/08

Programming Time: _____

General Description of Programming: Please Attach

Funding

Amount of Funding Request: _____
Please attach detailed operating budget for the program.

Program Type: Start-Up Ongoing
If ongoing, how many years? _____ 1 year

Will funds be dedicated to staff salaries: Yes / No _____ % of request

Have other jurisdictions been approached for funding?
If yes, Jurisdictional Funding:

Yes / No

Name	Contribution Amount	Annual/Single Contribution

Does your program have a user fee?
Please Explain in Detail:

Yes No

Do you have a policy to include participants that cannot afford to pay participations fees?

Yes No

Please Explain in Detail:

Signature Line

I certify that the above information is accurate and correct. I understand that the application does not mean that funding is guaranteed and may be revoked at anytime for any reason.

Keri Mack
Applicant Name (Please Print) Applicant Signature

2/15/08
Date