

Application for "More Cents" Funds

Osage Municipal Utilities 720 Chestnut Osage, IA 50461 (641) 832-3731 omu@omu.email

Organization Name		Date (m/d/yy)	
Federal Tax Identification Number (if applicable)			
Address	City [
	State	Zip	
Contact	email		
Position in Org	ganization		
Phone	Fax		
Project Name			
Amount of Request			
Describe your charitable and or non-profit purpose and program activities.			

Describe the proposed project, including the goals and objectives. Discuss the
community need for the project, the benefits for the community as a result of the
project and the community support for the project.
Outline other resources or partners identified to assist with the project; other funding secured, applied for and proposed for the project.
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ndicate desired impact regarding conddress.	mmunity needs/issues your project will
Approval from Applicant Organiz	vation:
request is charitable and that mo	grant request and certify that the purpose of this nies received from the Osage Municipal Utilities ed solely for the project stated in this application.
Signature	Date
v 20210226	