

## 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)
Fed	eral Tax Identification Number (if a	pplicable)
Address	City	
	State [	Zip
Contact	email	
	Position in Organization	
Phone	Fax	
Project Name		
Amount of Request	Total Amoun	t of Project
Describe your charitable	le and or non-profit purpose and pro	ogram 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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cate desired impact regarding comi cess.	munity needs/issues your project will	
Approval from Applicant Organization	oni	
Approvar from Applicant Organization	<u>on</u> .	
	rant request and certify that the purpose of the	
	nies received from the Osage Municipal Utilit d solely for the project stated in this applicati	
Wore Cents i Togram win be used	a solely for the project stated in this applican	O1
Signature	Date	
v 20210826		