

CITY OF LEWISBURG  
2016-2017  
VIDEO LOTTERY REVENUE PROGRAM  
APPLICATION

The City of Lewisburg appropriates a portion of its video lottery revenue for youth programs, educational activities and senior projects. This application must be filled out completely to be eligible for funding. Only nonprofit organizations may apply. Applications are to be returned to the City of Lewisburg, 942 Washington St. West, Lewisburg, WV 24901 by the Thursday before a regularly scheduled Finance Committee meeting (held the 2<sup>nd</sup> Tuesday of each month). Incomplete applications will not be reviewed until complete. Late applications will be reviewed at the following Finance Committee meeting.

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone Number(s) Primary: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Contact Person in Charge of the Project:

- Name: \_\_\_\_\_
- Phone: Primary ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
- Address: \_\_\_\_\_
- Email: \_\_\_\_\_

Are you a Nonprofit Organization?

- \_\_\_\_\_ Yes     If yes, IRS 501(c) nonprofit letter of determination attached or application for 501(c) nonprofit status
- \_\_\_\_\_ No

Physical address of project location: \_\_\_\_\_  
\_\_\_\_\_

Amount of grant funds requested: \_\_\_\_\_

- Include the budget for the project
- Matching funding agencies
- Budget for your organization

Describe how the grant funds will be used for your project. Attach drawings of your project if applicable. Mark the appropriate item:

- \_\_\_\_\_ youth program
- \_\_\_\_\_ education
- \_\_\_\_\_ Other \_\_\_\_\_

Number of people this project will benefit: \_\_\_\_\_

Signature of Officer or Board Member: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date