

# CITY OF JEWELL

---

701 MAIN STREET, BOX 486 JEWELL, IA 50130-0486 PHONE #515-827-5425  
EMAIL: [jewellcity@globalccs.net](mailto:jewellcity@globalccs.net) WEBSITE: [jewelliowa.com](http://jewelliowa.com)

## Request for financial contribution form

Organization/name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person/phone number: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Option #1: Matching funds – The City of Jewell may match funds for service organizations, up to \$1,000.00, after a community based fund raising activity has occurred. Please give a brief description of the fund raising activity, including dates and how the funds will be used by your organization:

Option #2: Non matching funding request - Please give a brief description of how the funds will be used by your organization:

---

All requests must be submitted with the following documentation:

- 1) most recent bank statement
- 2) balance sheet
- 3) referral letter

You will be asked to attend a City Council meeting to answer questions regarding your funding request. Only complete and legible requests will be considered. The City Council reserves the right to award more or less than the requested amount. You will be notified of your request status after the City Council has reviewed it.

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

Signature: \_\_\_\_\_

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

City Council's Action: \_\_\_\_\_

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