**MITCHELL UNITED WAY**

**P. O. BOX 729**

**MITCHELL, SOUTH DAKOTA 57301**

***APPLICATION FOR SURPLUS FUNDING***

# AGENCY DATE

**1: ADDITIONAL FUNDING**

1. ***How will Additional Funding be used:***

1. ***Cost of Additional Funding*** $

1. ***Amount of Additional Funds being requested from Mitchell United Way $\_\_\_\_\_\_\_\_\_\_\_\_***

**2: CAPITAL IMPROVEMENT FUNDING**

1. ***Description of Capital Improvement:***

1. ***Purpose of Improvement:***

1. ***Cost of Capital Improvement $\_\_\_\_\_\_\_\_\_\_***
2. ***Amount Requested from Mitchell United Way for Capital Improvements $\_\_\_\_\_\_\_\_\_\_***

# 3: EQUIPMENT FUNDING

1. ***Description of Equipment:***

1. ***Is this REPLACEMENT* Yes\_\_\_\_ No\_\_\_\_** ***or*** ***ADDITIONAL* Yes\_\_\_\_ No\_\_\_\_**

# REPLACEMENT -

**How old is equipment being replaced? \_\_\_\_\_\_\_\_\_**

**Why is it being replaced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 2) ADDITIONAL -

**Who will benefit from this equipment?**

***Cost of Equipment***  $\_\_\_\_\_\_\_

***Amount Requested from Mitchell United Way Equipment Funding $\_\_\_\_\_\_\_\_\_\_***

# 4: GENERAL INFORMATION

1. ***Contact Name:***
2. ***Contact Email***
3. ***Contact Phone***
4. ***Anticipated period of purpose***

1. ***Geographical area to be served by these funds***

1. ***Number of clients to be served***
2. ***Attach a detailed budget for each area of funding***

***Total Funds being request at this time***

***1: ADDITIIONAL FUNDS $***

***2: CAPITAL FUNDS $***

***3: EQUIPMENT FUNDING $***

***TOTAL FUNDS from the Mitchell United Way $***

### 

**(Name of Agency or Organization)**

**Signed by**

**(Authorized Representative)**

***This application for surplus funds must be submitted to the Mitchell United Way no later than Friday May 28, 2021***

***Please submit an Original Copy via scanned PDF to*** [***stevens@mitchellunitedway.org***](mailto:stevens@mitchellunitedway.org)

***mail to: PO Box 729, Mitchell SD 57301 or drop off at our office at 417 N Main Suite 103.***