

FireKeepers Local Revenue Sharing Board

Local Unit of Government 2012 Application for

Tier IV (Discretionary) Funding

DUE: By 5:00 p.m., Friday, December 28, 2012

Applications can be made only by a “Local Unit of Government” defined as a political subdivision of the State of Michigan, including a school district, a community college district, an intermediate school district, a city, a village, a township, a county, a road commission, and an authority, if the political subdivision has as its primary purpose the providing of local governmental services for residents in a geographically limited area of this State and has the power to act primarily on behalf of that area.

A) Is the applicant an eligible local unit of government as defined above? Please explain.

B) If the applicant is making application for a project in partnership with a local non-profit entity, please explain the connection between the local unit of government and the non-profit entity.

PROPOSAL PROJECT NAME:

DATE OF APPLICATION:

LOCAL UNIT OF GOVERNMENT:

CONTACT PERSON:

ADDRESS:

TELEPHONE:

E-MAIL:

TYPE OF REQUEST:

Public Safety **Social Services** **Education** **Recreation** **Multi Government**

GENERAL OBJECTIVES OF THE APPLICANT:

SUMMARIZE YOUR PROPOSAL:

(In **ONLY** the space below, briefly summarize the proposed project. Identify the problem or need to be addressed, the project's objectives and a proposed strategy for achieving the result).

TOTAL PROPOSAL SUMMARY:

TOTAL PROJECT COST: \$_____.

AMOUNT REQUESTED FROM LOCAL REVENUE SHARING BOARD:
\$_____.

AMOUNT OF REQUEST IS WHAT % OF TOTAL COST PROJECT COST:
_____ %

OTHER ENTITIES FUNDING PROJECT:

(Attach list if necessary)

NEEDS STATEMENT:

Define and document the situation or need that the local unit of government seeks to address through this request. Identify affected groups and the impact if the project were not funded/undertaken. Additionally, identify and state whether the Firekeepers Casino or the Tribal reservation impacts the identified need or situation?

PROPOSED BENEFITS:

Describe the desired outcome of the grant. What group will benefit and how, if the grant is approved.

TIMETABLE:

Describe the sequence of activities needed to accomplish the program's objective. (Include a time-line if appropriate.) When will the project begin or when will a purchase be made and when will the project be completed?

ALTERNATIVE/ FUTURE FUNDING:

If the FLRSB only partially funds your request or you do not receive sufficient funds from other sources, what alternative plan will you follow? If an ongoing project is approved, how will you support it in the future?

PROPOSED BUDGET:

Present (or attach if needed) a line item estimate of project costs and revenue.

Authorized Signature of Representative of Local Governmental Unit:

Its: _____