



### Contribution Information

## Organization Information

### Organization Contact Information

**Plan/Accounting of how these funds will be spent:**

**Please explain how these funds will be used to provide a public benefit:**

## Organization Certifications

- Organization Signature

City Administrator

Title

A. Scott Tanner

10/3/2023

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### Certifications of State Agency Providing Contribution

- Agency Head Signature

10/10/2023

Date \_\_\_\_\_

Duane Parrish

Printed Name \_\_\_\_\_