Name of Organization				
Address	City		State	ZIP Code
Contact Person	I			
Title	Tele		Telepho	one Number
Estimate the number of Senior Citizens your org (This includes Senior Citizens from ALL funding		calendar year.		
North Dakota Century Code (57-15-56 Mill Le the governing body from which funds are being report must show ALL financial resources available budgeted or intended to be used in that fiscathis section are to be used."	requested a report of its program fo illable to the organization or age	or the fiscal year for which ncy and its programs,	the fun	ds are requested. The se resources are
ANTICIPATED REVENUES				
A. Anticipated Mill Levy/Match Funds on hand December 31 of this current year:				
B. Mill Levy/Match Funds applying for next year. (January 1-December 31):				
C. TOTAL LINES A & B:				
D. All anticipated cash resources (other than myear. (Include anticipated year end balances in raising; memorials/bequests/donations; rent; indonations; non-federal grants; other):	n checking and savings accounts; (CD's investments; dues;	fund	
E. GRAND TOTAL OF ASSETS AND ANTICI	PATED REVENUES: (add lines 0	and D)		
ALL ANTICIPATED EXPENSES - under each column (Mill Levy/Match Dollars and all other Funds) list the anticipated expense amounts for the following items: MILL LEVY/MATCI DOLLARS			FUNDS OTHER THAN MILL LEVY/MATCH	
F. SERVICES:	Transportation			
	Congregate Meals			
	Home Delivered Meals			
	Outreach			
	Health Maintenance			
	Chore Services			
	Other (List):			
	Other (List):			

		LEVY/MATCH DOLLARS	THAN MILL LEVY/MATCH
G. PROGRAMS:	List:		
	List:		
H. SENIOR CENTERS: (For utilities; repair and maintenance; insurance & taxes; other)	Expenses		
I. SET ASIDE FUNDS: Money to be set aside for a specific future purpose - (examples: match for a new bus, or next year's roof repair or match money for future grants or equipment, etc):	Money Set Aside For		
	Money Set Aside For		
	Money Set Aside For		
J. SUB TOTAL OF Lines F-I under the Mill L	evy/Match Dollars Column:		
K. SUB TOTAL OF Lines F-I under the Fund	s Other Than Mill Levy Column:		
L. GRAND TOTAL ANTICIPATED EXPENSES (This total will equal Line E)	S (add lines J and K)		
M. ANTICIPATED CARRYOVER (Line E-Line	L)		
The individual signing this report makes the	following assurances:		

MILL

FUNDS OTHER

YES	NO	Please Initial:
		The organization is incorporated as a non-profit organization.
		The budget was approved by the membership and governing body.
		The mill levy dollars received were kept in a separate fund.
		Generally accepted accounting principals were followed.
		5. Funds were expended for the purposes budgeted.
		6. The money applied for under this section (NDCC 57-15-56) was used for the purpose of establishing or maintaining services and programs for senior citizens, including the maintenance of existing senior citizen centers which provide informational, health, welfare, counseling and referral services for senior citizens, and assisting such persons in providing volunteer community or civic services.
		7. Annual reports will be supplied to the County/City Auditor by the due date.

INDIVIDUAL COUNTY/CITY COMMISSIONS MAY REQUIRE ADDITIONAL INFORMATION NOT CONTAINED IN THIS REPORT.

FORWARD THIS APPLICATION FOR SENIOR CITIZEN MILL LEVY FUNDS TO YOUR COUNTY/CITY AUDITOR BY AUGUST 1.

Signature	
Title	Date