

**City of Scott City
½ % Sales Tax
Grant Usage Form**

Name of Qualified Organization: _____

Qualified Organization's Fiscal Year: _____

Name of Person submitting this request: _____

Phone number: _____

Email address: _____

½ % Sales Tax Funding Received: \$ _____

Grant Year: _____

Provide a detailed accounting of how the most recently awarded grant from the ½ % Sales Tax Funding was used by your organization in the space below. Attach a separate sheet if necessary.

***This form is due no later than 30 days following the end of your organization's fiscal year.**

Date this form was submitted to City Hall: _____