

County of _____
Indian Gaming Special Distribution Fund Annual Report
Request for Information
Fiscal Year 2009-10

Return to (insert name and title)
NO LATER THAN (insert date of deadline)
(insert contact and submission information)

Section 1: SDF Grants Allocated in Fiscal Year 2009-10

Name of Project:

Applicant:

Contact Person for Project (name, title, address, phone, email):

Grant Amount Approved by LCBC:

Was the grant amount approved as one-time or continuous (multi-year) funding?:

Description of Project:

Project's Role in Mitigating the Impact of Local Tribal Gaming:

Name(s) of Casino(s) Impacting Applicant:

Total Expenditures As of June 30, 2010:

Administrative Costs Incurred by Project (Excludes County's share of administrative costs):

Funds Remaining as of June 30, 2010 (if any):

Planned Expenditure of Any Remaining Funds With Timeline for Such Expenditures:

Section 2: Grants Funded in Previous Fiscal Year(s) But Expended in Fiscal Year 2009-10:

Name of Project:

Applicant:

Contact Person for Project (name, title, address, phone, email):

Grant Amount Approved by LCBC:

Was the grant amount approved as one-time or continuous (multi-year) funding?:

Description of Project:

Project's Role in Mitigating the Impact of Local Tribal Gaming:

Name(s) of Casino(s) Impacting Applicant:

Total Expenditures As of June 30, 2010:

Administrative Costs Incurred by Project (Excludes County's share of administrative costs):

Funds Remaining as of June 30, 2010 (if any):

Planned Expenditure of Any Remaining Funds With Timeline for Such Expenditures:

Please return by (insert date).