

Application for Commission on VASAP Funding

Local Alcohol Safety Action Programs seeking a distribution of state funds from the Commission on VASAP shall complete the following application. The application shall be signed by the corresponding ASAP Director and notarized. Applications that are incomplete in nature will not be considered.

Disqualified from Applying: ASAPs who own building(s), who have a fee collection rate below 90% or who possess the financial means to fund operations more than six months into the future factoring in a zero revenue sum over the same period of time.

ASAP INFORMATION

ASAP Name: _____

Address: _____

Phone #: _____

E-mail: _____

Please state the reason(s) for the funds request:

FINANCIAL INFORMATION

Accounts Receivable: \$ _____

Projected Annual Revenue: \$ _____

Other Sources of Revenue (past 12 months): \$ _____

EXPENDITURES

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

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Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Employee Name: _____ Tenure: _____ Annual Salary: \$ _____

Monthly Utilities: \$ _____

Rent: \$ _____

Annual Retirement Plan Distributions: \$ _____

Annual Health Insurance Premium: \$ _____

Other Expenditures (report annually): \$ _____

SIGNATURE

ASAP Director Signature: _____

Date: _____

Board Chair Signature: _____

Date: _____

NOTARY

Subscribed and sworn before me this ____ day of _____, 20___. (SEAL)

Notary Signature: _____

My commission expires: _____