

**Oronoco Fire Department Relief Association**  
Charitable Gambling Operations  
Minnesota Lawful Gambling License #03329  
PO Box 146  
Oronoco, MN 55960

## **Oronoco Fire Department Relief Association Request for Charitable Donation**

The Oronoco Fire Department Relief Association (OFDRA) will entertain all requests for financial support and decide as a group at their regular meetings held on the second Monday of each month. All requests must be received by the OFDRA no later than 2 weeks before the meeting to be considered for that month. The OFDRA has the right to reject any request.

The OFDRA donates about 10% of its profits per month and will review all requests very closely. We may be limited based on how well our charitable gambling did throughout the month. We will consider the contributions based on these criteria:

- Local request will supersede out of town requests
- Whether or not the need is immediate
- Whether or not the funds will be used for an educational purpose
- Whether or not the request will be for a nonprofit organization
- Whether or not previous requests have been made and/or granted

All money that is raised but not donated through charitable gambling is intended to improve the fire department, keep equipment up to date and better the Oronoco community.

### **Organization:**

Who is the organization or individual that will be receiving the funds?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your organization currently a 501(c)(3) or 501(c)(4) – YES NO

Does your organization currently hold a gambling license – YES NO

**Project:**

Please describe the project that the funds will be used for, who the project will benefit, when the funds will be used, etc.

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**Fundraising:**

How much money does your organization need for this project? \$ \_\_\_\_\_

How much money are you requesting from the OFDRA? \$ \_\_\_\_\_

What is your total fundraising goal? \$ \_\_\_\_\_

What dates do you need the funds by? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What other fundraising activities have you undertaken?

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**Distribution of funds:**

Make check payable to: \_\_\_\_\_

Mail check to:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Certification of Request:**

I certify that the information provided in this request is accurate and complete to the best of my knowledge.

I understand that any false information provided will result in the denial of this request.

I understand that the decision to approve or deny this request lies solely on the membership of the OFDRA.

I understand if the funds are donated to the recipients and for the purposes cited herin, that the recipient of the funds is obligated to use the funds for the lawful purpose described, per the statutes and rules governing lawful charitable gambling in the state of Minnesota.

I understand that I may be asked to provide further information or documentation to support this requestor the expenditures for which approved funds were used. If funds were not used in which the request was written the applicant may not be considered for future donations.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For questions or more information please contact:

Kent Johnson, Gambling Manager, at 507-367-4440

<p><b>Office Use Only:</b></p> <p>Date of meeting presented at: _____/_____/_____</p> <p>_____ Approved      _____ Tabled      _____ Denied</p> <p>If approved:</p> <p>Amount: _____ Check Date: _____ Check Number: _____</p> <p>Notes:</p> <p>_____</p> <p>_____</p>
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