

RESOLUTION NO. 071320-1

A RESOLUTION APPROVING AN APPLICATION FOR LIQUOR TAX FUNDING FOR THE CITY OF ABILENE'S SPECIAL ALCOHOL AND DRUG FUND.

WHEREAS, the City Commission desires to approve an application for liquor tax funding for the Special Alcohol and Drug fund attached as Exhibit A:

WHEREAS, such application provides the terms and conditions with which organizations may apply;

NOW, THEREFORE BE IT RESOLVED, by the City Commission of the City of Abilene, as follows:

Section 1. Application. That the application for liquor tax funding attached as Exhibit A shall be used for all requests for funding from the Special Alcohol and Drug Fund.

Section 2. Amendments. The application for liquor tax funding may be revised and amended by from time to time by passage of a Resolution.

Section 3. Effective Date. That this Resolution shall be in full force after its adoption by the City Commission.

Section 4. Implementation. The City Manager is hereby authorized to execute the application for liquor tax funding and enforce the provisions as provided in applicable resolutions, ordinances, and laws.

Section 5. Repeal. Adoption of this Resolution supersedes and repeals all previous versions of the application for liquor tax funding used by the City of Abilene, Kansas.

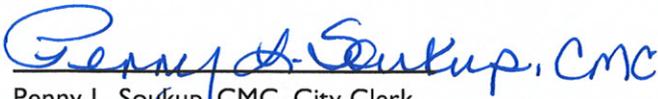
Section 6. Effective Date. That the effects of this Resolution shall be in full force and effect as of July 13, 2020.

Adopted by the Board of City Commissioners and signed by the Mayor this 13th day of July 2020.



CITY OF ABILENE, KANSAS


Chris Ostermann, Mayor


Penny L. Soukup, CMC, City Clerk



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REQUEST FOR LIQUOR TAX FUNDING

Amount available for distribution:

\$ _____

Application Received: _____ By: _____

GENERAL INFORMATION

Name of Organization _____

Address _____ City, State & Zip _____

Contact Person _____ Phone _____

Email _____

Project Title _____

Time period of program: From _____ to _____ Date funds needed _____

GOAL OF THE PROGRAM (Check one or more)

- Prevention and education for alcohol and drug abuse
- Treatment and recovery
- Intervention in alcohol and drug use
- Coordinated efforts to address alcohol and drug problems

FINANCES

Total program cost \$ _____ Requested amount \$ _____

Other funding sources _____

Program should fit within one or more of the established categories:

Prevention \$ _____ Intervention \$ _____

Treatment \$ _____ Coordination \$ _____

PROGRAM DESCRIPTION

The application is to include the following information:

- a) The mission or purpose of the organization or program.
- b) A definition of need for this program and how the need was determined.
- c) A description of the program including the targeted population to be served.
- d) A description of the desired outcome of the program.

FOR CONSIDERATION COMPLETE APPLICATION AND SUBMIT TO:

City of Abilene
419 N.
Broadway
P.O. Box 519
Abilene, KS 67410
785-263-2550

The City of Abilene will accept applications from January 1st to March 1st of each year. The City will not hold your application for the following year. To be considered again, you must resubmit your application each year.