



**Osseo Fire Department Relief Association**  
Charitable Gambling Operations  
Minnesota Lawful Gambling License # 01851  
415 Central Ave  
Osseo, MN 55369

## Osseo Fire Department Relief Association Request for Charitable Donation

The following is a lawful request for financial assistance from the Osseo Fire Department Relief Association (OFDRA) charitable gambling funds under the guidelines set forth by the Minnesota Gambling Control Board.

*Please print legibly and supply all requested information (or indicate that it is not applicable by writing "N/A"). If you don't have room to sufficiently answer a question, please use the space provided on Page 4 to supply more information.*

### Organization:

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Website: \_\_\_\_\_

### Purpose:

*What will the funds be used for? (please check one)*

- relieving the effects of poverty, homelessness, or disability
- for activities and facilities benefiting youth under age 21
- funding non-profit education institution registered with or accredited by Minnesota
- a scholarship fund
- to community arts organizations or expenditures to fund arts programs in the community
- recognition of military service or supporting active military personnel in need
- a fund administered and regulated by a city or county (for lawful purposes) (*attach form LG555*)
- conducting nutritional programs, food shelves, and congregate dining programs primarily for persons who are age 62 or older or disabled
- to a nonprofit organization which is a church or a body of communicants
- program for education, prevention, or treatment of problem gambling
- recognizing humanitarian service demonstrated through volunteerism or philanthropy
- contributions to the United States, state of Minnesota, or any of its subdivisions or agencies or instrumentalities (except a direct contribution to a law enforcement or prosecutorial agency)
- other: (*please specify*) \_\_\_\_\_

### Project:

*Please describe the project or undertaking that the funds will be used for, who the project will benefit, when and where the event or project will take place, etc.*

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**Fundraising:**

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

How much money have you raised to date? \$ \_\_\_\_\_

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

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

Which other organizations have you approached? \_\_\_\_\_

\_\_\_\_\_

Which other organizations have contributed or pledged to contribute? \_\_\_\_\_

\_\_\_\_\_

What other fundraising activities has your organization undertaken? \_\_\_\_\_

\_\_\_\_\_

**Approval:**

Is approval needed from another governing body (e.g. school board, city council, etc.)? If so, who? \_\_\_\_\_

If so, have you received approval? \_\_\_\_\_

If so, when and from whom? (date of approval, name, position) \_\_\_\_\_

**Distribution of Funds:**

Make Check Payable To: \_\_\_\_\_

Mail Check To:

Addressee: \_\_\_\_\_ Attention: \_\_\_\_\_

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

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

**Contact Person / Person Submitting Request:**

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

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

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

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Email: \_\_\_\_\_

**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 with the membership of the OFDRA.*

*I understand, if funds are donated to the recipients and for the purposes cited herein, that the recipient of the funds is obligated to use the funds for the lawful purposes 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 request or the expenditures for which approved funds were used.*

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

For questions, clarification, or more information, please contact:

Mike Phenow, OFDRA Gambling Manager  
 Cell: (763) 226-1020  
 Email: mnphenow@gmail.com

or

Patty Lyden, OFDRA CEO  
 Cell: (763) 242-5988  
 Email: patton321@comcast.net

**OFDRA Office-Use Only:**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Meeting Presented At: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Action:  Denied  Tabled  Approved

Date of Meeting Presented At: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Action:  Denied  Tabled  Approved

Date of Meeting Presented At: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Action:  Denied  Tabled  Approved

Date of Meeting Presented At: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Action:  Denied  Tabled  Approved

**If Approved:**

Amount Approved: \$ \_\_\_\_\_ Lawful Purpose Code: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Mailed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
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