



## CHARITABLE GIVING BOARD DONATION REQUEST PROCEDURE

All requests must be in writing addressed to:

Big Lake Spud Fest  
Charitable Giving Board  
P.O. Box 215  
Big Lake, MN 55309

Each request must be accompanied by Form LG503-BLSF (attachment 1).

The ENTIRE form must be completed. Failure to complete the form in its entirety will result in delays. Sign and date the form. Please note, we are requesting e-mail addresses so we can compile a database of charitable donation requestors. We will use this database to keep everyone updated on any changes in procedure or in the forms.

If the requesting organization is a government body (city, county, school district), Form LG-555 (link to MN Gambling board) is required by the Minnesota Charitable Gambling Board. This form will need to be completed upon donation receipt.

Additional paperwork will be required if the requesting organization conducts its own charitable gambling, Form LG-270 (link to MN Gambling board).

Processing donation requests can take 2-4 weeks depending on the timing of the request and if the request is complete. The Big Lake Spud Fest Charitable Giving Board meets monthly on the 3<sup>rd</sup> Tuesday of the month. At that time, all requests are reviewed for the following:

- Does the request meet Lawful Purpose as outlined in Minnesota Statutes
- Is the request accompanied by all forms
- Does the requesting organization conduct lawful gaming
- Is the form(s) signed and dated

If the request meets the above criteria, it is then passed on to the Big Lake Spud Fest (BLSF) Board of Directors (BOD). The BLSF BOD meets on the 3<sup>rd</sup> Tuesday of each month. The BOD reviews the request. Once approved, it is returned to the gambling manager for payment.

The general membership of the BLSF meets on the 3<sup>RD</sup> Tuesday of each month. By Minnesota Statute, the general membership decides whether or not a donation will be approved.

At any time during this process, BLSF may request further clarification concerning the request. This can be done either by telephone or a presentation to the general membership at a meeting.

If there are any questions during the process, please contact Don Orrock, Charitable Gambling Manager, 763-263-6662 (home) or 763-351-2274 (cell) or email to [biglakespudfest@gmail.com](mailto:biglakespudfest@gmail.com).

**REQUESTS FOR DONATIONS VIA TELEPHONE WILL NOT BE ACCEPTED.**

BLSF – 11/2017



**Government/Non-Government Organization Information**

Name of Government/Organization/Person Requesting Funds ( ) Phone Number E-mail Address

Address City State Zip Code

**Government Section**

Check type of government making request:
City County Township School District of
State of Minnesota Department of Division of
United States Department of Division of
Other Government Entity (specify)

**Non-Government Section (Organization)**

Private Party
Organization
Non-profit/501c3 (ATTACH IRS DETERMINATION LETTER)
Is your organization gender specific? YES NO If yes, please explain:
Other (specify) (ATTACH CERTIFICATE OF INCORPORATION)

Does your organization have a current Charitable Gambling License? YES NO If yes, please provide details:

**Organization Information**

Organization Phone Number License Number
Big Lake Spud Fest (c/o Charitable Giving Board) 763-607-3952 04272-001
Address City State Zip Code
PO Box 215 Big Lake MN 55309

**Lawful Purpose Request**

Amount of Request: \$ Total Program Budget: \$ % of Request to Total Budget:

Projected Program Revenue:

Fees \$ School Support \$
Big Lake Spud Fest \$ Government Support \$
Other Community Organizations \$ Foundations/Corporations \$
Individual Donations \$ Other (Explain) \$

The above named government/non-government organization requests lawful gambling profits for the following purpose: (explain expenditure - attach additional sheets if necessary)

[Blank lines for purpose explanation]

By completing this form, the government's/non-government's agent confirms that the requested funds will be spent for a lawful purpose. This request expires one year from the date below and may be renewed at the request of the local governing body.

Signature of agent/requester Title Date

**Print Name**

**BLSF OFFICE USE ONLY**

Date Received Form: Board Recommendation:
Recommended Account: Charitable Gambling Funds General Account Funds
Date of Membership Meeting Discussion Date of Motion/Second Date Passed
Check Number Date of Check Check Amount