



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 3rd 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 3rd 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 3RD 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 send an email to 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)	612-810-2119	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)

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 _____