

**TOBACCO SETTLEMENT FUNDING PROPOSAL FORM**

<b>Name/Contact Person:</b> _____
<b>Applicant:</b> _____
<b>Address:</b> _____
<b>Telephone Number:</b> _____
<b>Fax Number:</b> _____
<b>E-Mail:</b> _____

**Proposal Summary:**

(Please describe the proposed action in detail. Attach additional sheet if necessary.)

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**How does this project increase the quality of life in Clinton County?**

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**What economic return do you estimate the project will provide in future years?**

(Please consider increased tourism dollars spent in the County and/or generation of increased tax revenue.)

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**Dollar Amount Requested:** \_\_\_\_\_

**Project Duration:** \_\_\_\_\_

**Additional Information You May Wish to Provide:**

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**Applicant Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

*(For Legislative Office Use Only)*

***Date Received:*** \_\_\_\_\_

***Decision by Clinton County Legislature:***

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