

MUTUAL FINANCE ASSISTANCE APPLICATION

		ation Name:	Organiza			
	County:					
	on:	r FPD's included in your applicat	ase list all Municipalities or FP			
Tax Levy Ra	Title	Contact Name	Municipality or FPD			
	r period is%.	d-upon tax levy rate for the 3 yea	The agreed			

Not using the correct forms will result in a delay in processing your application.

Please list all Cities and Villages which have already merged with a FPD:

Please check that you included the following information.
Per Neb. Rev. Stat. § 35-1207 If the applicant is a mutual finance organization, it shall attach to its first application a copy of the agreement pursuant to section 35-1204 and attach to any subsequent application a copy of an amended agreement or an affidavit state that the previously submitted agreement is still accurate and effective.
Per Neb. Rev. Stat. § 35-1204 State Treasurer's MFO Calculation Spreadsheet
Per Neb. Rev. Stat. § 35-1207 Distribution of Prior Year Funding
Contact Person:
Address:
City, State, Zip:
Phone #:
E-mail (required):
I certify that the entities participating in the MFO have followed State Statutes and have used the application and forms that the Treasurer's Office requires.
Signature:
Title: Date:
Applications must be received electronically at nst.tmstaff@nebraska.gov or

postmarked <u>no later than September 20.</u>

State Capitol, Suite 2007

PO Box 94788 Lincoln, NE 68509

Nebraska State Treasurer's Office