



MUTUAL FINANCE ASSISTANCE APPLICATION

Name of Rural or Suburban Fire Protection District (FPD) or Mutual Finance Organization

Organization Name: _____

County: _____

Please list all Municipalities or FPD's included in your application:

| Municipality of FPD | Contact Name | Title | Tax Levy Rate |
|---------------------|--------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The agreed-upon tax levy rate for the 3 year period is _____%.

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

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Per Neb. Rev. Stat. § 35-1207 ...any organization seeking funds pursuant to the mutual Finance Assistance Act shall submit an application and any forms required by the State Treasurer.
****Not using the correct forms will result in a delay in processing your application.****

Please check that you included the following information.

_____ 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 no later than September 20.

**Nebraska State Treasurer’s
Office State Capitol, Suite 2007
PO Box 94788
Lincoln, NE 68509**