



2026

REQUEST FOR LIQUOR TAX FUNDING

Amount available for distribution:

\$15,353.36

Application Received: _____ By: _____

GENERAL INFORMATION

Name of Organization _____

Address _____ City, State & Zip _____

Contact Person _____ Phone _____

Email _____

Project Title _____

Time period of program: From _____ to _____ Date funds needed _____

GOAL OF THE PROGRAM (Check one or more)

- Prevention and education for alcohol and drug abuse
- Treatment and recovery
- Intervention in alcohol and drug use
- Coordinated efforts to address alcohol and drug problems

FINANCES

Total program cost \$ _____ Requested amount \$ _____

Other funding sources _____

Program should fit within one or more of the established categories:

Prevention \$ _____ Intervention \$ _____

Treatment \$ _____ Coordination \$ _____

PROGRAM DESCRIPTION

The application is to include the following information:

- a) The mission or purpose of the organization or program.
- b) A definition of need for this program and how the need was determined.
- c) A description of the program including the targeted population to be served.
- d) A description of the desired outcome of the program.

FOR CONSIDERATION COMPLETE APPLICATION AND SUBMIT TO:

City of Abilene
419 N. Broadway
Abilene, KS 67410
785-263-2550

The City of Abilene will accept applications from January 1st to March 1st of each year. The City will not hold your application for the following year. To be considered again, you must resubmit your application each year.