

## Application for Reimbursement of Lost Operational Funds from Sports Betting Hold-Harmless Fund

Name of Organization		Application Submission Date	
Organization Address			
City		State	ZIP
Contact Person Name			
Contact Phone Number		Contact Email Address	
Type of Organization			
<p>Pursuant to Rule 4.2, the Colorado Limited Gaming Control Commission will review all submitted documentation and determine whether or not to approve all or a portion of, or deny, your request. Please include all information and documentation that you would like the Commission to consider in its review, as all applications and awards will be evaluated together and there may not be an opportunity to supplement your request with additional documentation.</p> <p>Please send this completed form and all supporting documentation to: <a href="mailto:DOR_Sportsbetting_submissions@state.co.us">DOR_Sportsbetting_submissions@state.co.us</a></p> <p style="text-align: center;"><b>Submit the Following:</b></p> <p>A. Profit and loss statement for previous tax filing year.</p> <ul style="list-style-type: none"> <li>• Must include your organization's budget and budget shortfall for the tax year.</li> </ul> <p>B. Information regarding your organization's funding streams that are tapped or employed.</p> <ul style="list-style-type: none"> <li>• Must include revenue from those streams over the past three tax years.</li> <li>• Must include information regarding any untapped or unemployed revenue streams.</li> </ul> <p>C. All reports, statements, studies, surveys or other documentation which support the assertion that the loss for which you are seeking reimbursement from the Hold Harmless fund is a <b>direct</b> result of sports betting activity.</p> <ul style="list-style-type: none"> <li>• Must include information regarding other factors not related to sports betting activity that may contribute to your organization's purported loss.</li> </ul>			
<p>Check the following boxes to acknowledge that you are making the attached certifications.</p> <p><input type="checkbox"/> <i>I certify that all information submitted as part of this application is truthful and accurate.</i></p> <p><input type="checkbox"/> <i>I certify that all funds requested are to offset revenue that was lost as a direct result of sports betting activity.</i></p>			
Printed Name of Authorized Agent for Organization		Title	
Signature		Date	