

**State Controller's Office  
 Division of Accounting and Reporting  
 Authorization Form to Release Funds from the  
 Individual Tribal Casino Accounts**

County Name: \_\_\_\_\_

Administrative Costs: \$ \_\_\_\_\_  
 (Co. admin. costs may not exceed 2% of the aggregate county tribal account)

Name of Individual Tribal Casino Account: \_\_\_\_\_

Name of Local Government Entity/Grantee: \_\_\_\_\_  
 (Government Code 12715(k)(1) states funds will be sent directly to the local government entity for which a grant has been approved by the committee)

Mailing Address of Entity: \_\_\_\_\_  
 \_\_\_\_\_

Name of Approved Project:\* \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount to be paid from the Individual County Tribal Casino Account \$ \_\_\_\_\_

-----  
 Impacts are associated with which casino(s)? \_\_\_\_\_

The following uses are the priorities for receipt of grant money. Please check the priority(ies) the project satisfies:

Law Enforcement	<input type="checkbox"/>	Fire Services	<input type="checkbox"/>	Emergency Med Services	<input type="checkbox"/>
Environmental Impacts	<input type="checkbox"/>	Water Supplies	<input type="checkbox"/>	Waste Disposal	<input type="checkbox"/>
Behavioral Health	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Planning/Adj Land Use	<input type="checkbox"/>
Roads	<input type="checkbox"/>	Rec & Youth Programs	<input type="checkbox"/>	Child Care Programs	<input type="checkbox"/>

\_\_\_\_\_  
 Authorized Signature  
 Local Benefit Committee Member

\_\_\_\_\_  
 Date

Government Code section 12715 (i) states: All grants from Individual Tribal Casino Accounts shall be made only upon the affirmative sponsorship of the tribe paying into the Indian Gaming Special Distribution Fund from whose individual tribal casino account the grant moneys are available for distribution. (Please attach the affirmative sponsorship of the tribe to this document.).

\*For multiple projects, make additional copies of this form.