**APPLICATION FOR DONATION FROM THE CITY COMMISSION**

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| --- | --- | --- | --- |
| Name and address of proposed Grantee (Grantee must be a nonprofit entity) | | | |
| Name |  | | |
| Address |  | | |
| City/State/Zip |  | | |
| Phone |  | Email |  |
|  | | | |
| Purpose of Grantee (Purposes for which the Grantee is organized to provide benefits to residents) | | | |
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| Essential or Supportive Service Provided (Such as, needs of the poor, youth, seniors, those with disabilities, education, culture and arts, and health crisis) | | | |
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|  |  |  |  |
| Governing Board Members (Must serve without compensation and have no conflict of interest between their regular occupations and the services provided) | | | | |
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|  | |  |  |  |
| Has this agency been granted prior funding this year? | | | | |

Circle YES or NO

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City Commissioner Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_