



# SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR INDIVIDUALS

*Please attach pertinent background information to this application. You may attach additional pages, if needed.*

INDIVIDUAL PROFILE			
Requestor Name: <u>Barbara Plante</u>	Today's Date: <u>6/5/17</u>		
Mailing Address: <u>7421 NW 21st St</u>	City: <u>Margate</u>	State: <u>FL</u>	Zip: <u>33063</u>
Phone Number: <u>954. 650. 2320</u>	Email Address: <u>BPlante76@aol.com</u>		

ABOUT THE FUNDING REQUEST	
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Funding Request: <u>\$ 1000 .</u>	Total Cost to Individual for Special Event: <u>\$ 1000 .</u>
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Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable):

Requesting funds for Brycen Plante for the Margate All-Stars Pinto baseball team to travel to the Championships in Louisiana

Please provide a needs statement (Why do you need the requested funds?):

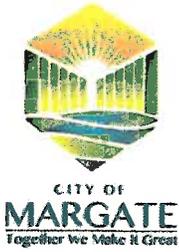
Needing the funds to travel to and for the Margate All-star baseball team to Louisiana.

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:

Recreation, All-star baseball team in Margate .

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:

The money will be used for, food, traveling and hotel stay.



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Please list other sources and amounts being requested from other agencies:

Have you received funding from the City of Margate in the past?  Yes  No  
If yes, please indicate the amount and the year:

*This application must be signed by the individual requesting funding (or parent/legal guardian if requestor is under 18). By signing this application, the requestor (or parent/legal guardian) certifies that he/she is able to utilize the funds sought for their stated purpose. Please note that receipts may be required.*

*I certify that the above information is true and accurate*

Individual Requestor (Printed): Barbara Plank Date: 6/5/17  
Individual Requestor (Signature): Barbara Plank Date: 6/5/17

***This application and its content are considered a public record in accordance with Florida Statutes Chapter 119. If you believe any information on this application is exempt from public records in accordance with Florida Statutes Chapter 119, please provide an explanation and attach to this application.***

OFFICIAL USE ONLY		
Date Received:	Application Reviewed By:	
Amount Approved by City Commission:	Date Approved:	Account #