



# 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: Chyanne VanWinkle - Parent Tracy VanWinkle		Today's Date: 4-14-23	
Mailing Address: 1020 SW 61 Ave	City: Margate	State: FL	Zip: 33068
Phone Number: 954-683-3235		Email Address: TracyV1B@aol.com	
ABOUT THE FUNDING REQUEST			
Funding Request: State Tournament Expenses		Total Cost to Individual for Special Event: \$500.00	
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): June 10 <sup>th</sup> thru 12 <sup>th</sup> 2023 I will be traveling to Orlando to Bowl in the State tournament, Singles, doubles, and teams. The Funds will be used for entry fees, gas, + hotel.			
Please provide a needs statement (Why do you need the requested funds?): To go to a scholarship tournament which will help me go to college.			
Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received: It will further my education, and gives me more opportunity to go to college.			
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 possibility to obtain more scholarship money to help further my education in the future.			



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

We have had candy sells which divided between all kids, and that is all that we have gotten.

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

Tracy VanWinkle agrees to ensure compliance with all applicable federal, state, and local laws and regulations. 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.

Pursuant to Florida Statute 95.525, a person who knowingly makes a false written declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Individual Requestor (Printed): Tracy VanWinkle

Date: 4/14/23

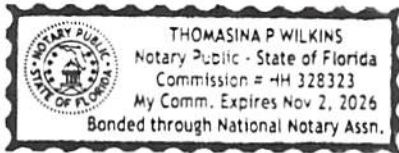
Individual Requestor (Signature): Tracy VanWinkle

Date: 4/14/23

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this 14th day of April 2023 by Thomasina Wilkins who is  personally known to me or  produced identification and did not take an oath.

(seal)



Thomasina Wilkins  
Print Name: \_\_\_\_\_  
Notary Public, State of Florida at Large

### OFFICIAL USE ONLY

\_\_\_ Broward County Records Review

\_\_\_ Court records review

Date Received:

Application Reviewed By:

Amount Approved by City Commission:

Date Approved:

Account #