



# 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:		Today's Date:	
Mailing Address:	City:	State:	Zip:
Phone Number:		Email Address:	

## ABOUT THE FUNDING REQUEST

Funding Request:	Total Cost to Individual for Special Event:
<p>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):</p>	
<p>Please provide a needs statement (Why do you need the requested funds?):</p>	
<p>Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:</p>	
<p>Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:</p>	



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

Individual Requestor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

***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 #