



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

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

ORGANIZATION PROFILE				
Organization Name:			Today's Date:	
Organization Leader:		Title:		
Mailing Address:	City:	State:	Zip:	
Phone Number:		Email Address:		
Website:			Tax ID:	
Total number served by organization in last calendar year: _____. Of which, _____ were Margate residents.				
Total number of Margate residents projected to be served in next calendar year: _____				
Organization Description:		Organization Information <i>(Please indicate which of the following criteria your organization meets):</i>		
		<input type="checkbox"/> Tax Exempt status under Internal Revenue Code 501(c)3, 501(c)4, or 501(c)6. Please include copy of your notification letter and most current Form 990 if your organization is required to file this document.		
		<input type="checkbox"/> Not a private Foundation as defined under Internal Revenue Code 509.4.		
		<input type="checkbox"/> Volunteer Board of Directors is the governing body.		
		<input type="checkbox"/> Independent audit is performed each year. If so, please include last completed audit.		
		<input type="checkbox"/> Annual budget is approved by the Board of Directors. Please include.		
			<input type="checkbox"/> Registered with Charity Navigator.	

ABOUT THE FUNDING REQUEST	
Funding Request:	Total Budget/Cost for Special Event:
% of funding request used to provide services:	% of funding request for administration:
Please describe the intended use of requested funds and indicate the time period you are requesting these funds for <i>(please attach letters of community support if applicable):</i>	



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

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

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

Demonstrate how you will evaluate your results. These measures need to be directly related to the need and expected outcome:



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

Has your organization received funding from the City of Margate in the past? ☐ Yes ☐ No
If yes, please indicate the amount and the year:

(Agency) _____ agrees to assure compliance with all applicable federal, state, and local laws and regulations, including but not limited to:

Civil Rights Act of 1964
Section 501 of the Rehabilitation Act of 1973
Title IX of the Education Amendments of 1975
Age Discrimination Act of 1975
Section 654 of OBRA of 1981
ADA of 1990
HIPPA of 1996

This application must be signed by the applicant's authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose. Please note that reports of service delivery and expenditures of any funds may be required.

I certify that the above information is true and accurate

Authorized Representative (Printed): _____ Date: _____

Authorized Representative (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 #