



SPECIAL EVENTS FUNDING/DONATION REQUEST PROGRAM INFORMATION GUIDE

Organizations or individuals seeking funding from the City of Margate must complete the Special Events Funding/Donation Request Application for Organizations or the Special Events Funding/Donation Request Application for Individuals. The amount requested cannot exceed \$1,000 per organization or individual. Organizations or individuals must submit said application and necessary documentation to:

City of Margate
City Clerk's Office
5790 Margate Boulevard
Margate, FL 33063

For requests by both organizations and individuals, the funding request must further a public purpose as determined by the City Commission. If the requestor is an individual, the individual must be a City of Margate resident. If the requestor is an organization, the organization must:

- Be a non-profit organization, either with Articles of Incorporation filed with the Florida Department of State, or for those non-profits organized within another state, be registered with the State of Florida as a foreign corporation.
- Be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation.
- Submit in addition to their application: (1) a copy of their 501(c)3, 501(c)4, or 501(c)6 notification letter; (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) annual budget.

After receipt of the application, all applications shall be presented to the City Commission at the next regularly-scheduled City Commission meeting. The City Commission, at its sole discretion, shall determine which organizations or individuals are awarded funding. All decisions of the City Commission are final and binding. Once funding has been approved, the approved amount will be provided to the organization or individual. Please note that reports of service delivery/expenditures of any funds and/or receipts may be required. If an organization or individual is awarded a donation for a particular purpose/event, and the event is canceled, a full reimbursement to the City is required. Organizations and individuals may apply for one donation per fiscal year. Organizations or individuals that have failed to meet a reimbursement obligation in previous years or additional conditions of approval will not be eligible for future consideration until all prior obligations have been fulfilled.



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): Shirley Vargas Date: 6/29/17

Authorized Representative (Signature): Shirley Vargas Date: 6/29/17

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 #