

City of Delray Beach
Application for City Financial and Operating Support
for Special Event
For Fiscal Year ____

APPLICANT INFORMATION:

Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name/Title of
Contact Person: _____ Phone: _____

E-mail: _____

Grant Request: \$ _____

Please indicate which of the following criteria your organization meets:

_____ Tax exempt status under Internal Revenue Code 501(c)3. Please include a copy of your notification letter.

_____ Not a Private Foundation as defined under Internal Revenue Code 509.4.

_____ Volunteer Board of Directors is the governing body.

_____ Independent audit is performed each year.

_____ Annual budget is approved by the Board of Directors.

_____ This grant application was reviewed and is approved by the Board of Directors. (Attach copy of minutes.)

Please outline the intended use of the requested funds. What public benefit (educational, economic, health, etc.) will result? (Attach separate sheet if preferred.)

Application for Charitable and Benevolent Contribution

Provide an Outcome Statement, including specific and measurable information. Describe how you will evaluate your results. Measures need to be directly related to the need and expected outcome. (Attach separate sheet if preferred.)

As a condition of being funded, the recipient organization shall submit two Status Reports to the City Manager. These reports should be submitted as designated in the award letter. These reports need to address how the use of City funding has impacted the expected outcome as provided in the Outcome Statement. These reports need to include measurable evaluation information and should not exceed one page in length.

Failure to submit these Status Reports may jeopardize approval of future requests for funding.

The undersigned is submitting this application on behalf of the agency, and attest that all information contained herein is true and accurate.

Signature

Date

Name (Print)

Chief Executive Officer

Title

Signature

Date

Name (Print)

Board Chair or Chief Volunteer Officer

Title

ADDENDUM: FINANCIAL AND OPERATING INFORMATION (INCLUDE PARENT ORGANIZATIONS AND AFFILIATES)

What is the total anticipated attendance of the event? _____

Of the total, how many are residents of Delray Beach? _____

What is the total cost of the event? _____

Does the total cost of the event include reimbursements to the City for services provided (e.g., security, facility rental, cleanup)? If yes, please indicate type and amount.

<u>Service Provided:</u>	<u>Amount \$</u>
_____	_____
_____	_____
_____	_____

Please list the income producing activities or other revenue sources for the event.

List other Delray Beach sources (e.g., CRA, DDA, Chamber) and amounts of revenue being requested from each for this event. (Attach separate sheet if preferred.)

What percentage of your Board made cash contributions to your organization during your most recent fiscal year? _____

What percentage of your staff made cash contributions to your organization during your most recent fiscal year? _____

Please attach:

_____ This (request year) event revenue and expense budget, plus budget and actual results for immediately preceding two years

_____ Most recent three years organization Forms 990

_____ Most recent three years organization independent auditors reports

_____ Status Reports from three most recent years that City grants were received for this event. (If applicable.)

For questions contact Lisa Herrmann
herrmann@mydelraybeach.com 561 243 7128