



# CITY OF SAND POINT DONATION REQUEST APPLICATION

This form must be completed to be considered for a donation from the City of Sand Point. A letter may be included.

TODAY'S DATE: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

ORGANIZATION/BENEFICIARY NAME: \_\_\_\_\_

PERSON COMPLETING THIS FORM: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ (An amount range is acceptable)

If Approved: Who should the check be made out to: \_\_\_\_\_

If Approved: Mailing address of donation recipient: \_\_\_\_\_

Number of participants benefiting from donation: \_\_\_\_\_

How will the participants benefit from this donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your estimated budget? Where does the City donation fit into the budget? Who are, if any, the other donors? Please limit your answer to no more than one page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to report back, without a reminder, to the Mayor and Council describing you event/project within two months? Yes No

### FOR OFFICE USED ONLY

Submit applications to:  
City of Sand Point  
Attn: City Clerk  
PO Box 249  
Sand Point, Alaska 99661  
Or you may submit via e-mail to: [sptcity@arctic.net](mailto:sptcity@arctic.net)

Date Received: \_\_\_\_\_  
Council Decision:  
Approved  
Denied  
Tabled for more information  
Amount approved: \_\_\_\_\_

If you have any questions, please feel free to contact the City Clerk at (907)383-2696.