



2020-2021

City of Farmersville Event Funding

Request Form A

(Request for Assistance \$100 to \$999)

Special Notice for Fiscal Year 2020-2021:

- **This announcement or submission of an application is in no way a commitment of funding. Due to potential City budget constraints for FY20/21, no grants may be awarded.**

Request Guidelines:

- If you are requesting financial assistance for more than one event, a separate request form and distinct separate budget must be submitted for each request.
- Application Deadline: For an event occurring between July 1, 2020 and June 30, 2021, the application deadline is **Friday, April 30, 2021 at 5:00 PM.**
- Any questions re: submitting a funding request should be directed to the City of Farmersville – City Manager’s Office, (559) 747-0458.

1. NAME OF EVENT: _____

2. DATE OF EVENT: _____

3. LOCATION OF EVENT: Address: _____

(if no address, provide description of location)

City: FARMERSVILLE State: CA

Zip: 93223 _____

4. NAME OF APPLICANT/ORGANIZATION WHO IS PRODUCING THE EVENT: _____

5. CONTACT PERSON: Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

City: _____ State: _____

Zip: _____

6. DESCRIPTION OF EVENT: _____

7. DESCRIBE WHAT BENEFITS THE COMMUNITY AND CITY OF FARMERSVILLE WILL RECEIVE FROM THE EVENT. Attach separate pages as needed:

City of Farmersville Event Funding Request Form (cont.)

8. ANTICIPATED NUMBER OF ATTENDEES: _____

9. IS THIS A FUNDRAISING EVENT?: NO _____ YES _____

10. IS THIS EVENT FREE TO THE PUBLIC?: NO _____ YES _____

11. IS THIS A FIRST TIME EVENT?: NO _____ YES _____

IF NO, HOW MANY YEARS HAS YOUR ORGANIZATION PRODUCED THIS EVENT?: _____

12. LIABILITY INSURANCE?: _____ NO _____ YES _____ CARRIER: _____

13. HAVE YOU CONSULTED WITH CITY/COUNTY/STATE AND OTHER AGENCIES TO DETERMINE WHAT PERMITS WILL BE REQUIRED TO CONDUCT THE EVENT?

_____ NO _____ YES

If YES, what permits have you determined are required? (i.e., Special Event, Street Closure, Park Reservation, Sign Permit, ABC Alcohol, Environmental Health, Fire Dept, etc...):

14. TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED: \$ _____

Please Provide Detail of Assistance Requested Below:

A. Requested City of Farmersville **In-Kind Support** (Please List):
(i.e., Permit Fee Waive, Traffic Control, Security, Electrical Support, Other City Staff Labor, City Equipment, Portable Restrooms, Street Barricades, City Facilities, etc.)

.....\$ _____

.....\$ _____

.....\$ _____

B. Requested City of Farmersville **Monetary Support**:.....\$ _____

TOTAL IN-KIND AND MONETARY SUPPORT (sum of A + B): \$ _____

Provide an estimated breakdown of expenses that the grant will be used for.

<u>Description</u>	<u>Cost</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

OFFICIAL WITH CONTRACTING AUTHORITY FOR THE ORGANIZATION

I HEREBY CERTIFY that the facts stated herein this Event Funding Request are true and correct to the best of my knowledge. The Event described herein will be conducted in accordance with all applicable city/county and other regulations, and the Event provides equal access to employment and event participation without regard to race, color, religion, sex, national origin, age, disability, or military status in accordance with applicable federal laws.

Official's Signature

Date

Official's Name & Title (Print)

Phone Number

E-Mail Address