



16 Colomba Road  
DeBary, FL 32713  
Phone: (386) 601-0206  
Fax: (386) 668 – 3523

# GRANT REQUEST APPLICATION

## Applicant Information

Legal Entry Name \_\_\_\_\_

D/B/A Subgroup: \_\_\_\_\_

Physical Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tax Status: \_\_\_\_\_ (Attach Exempt Certificate)

### Grant Information:

TYPE: Monetary Contribution \_\_\_\_\_ In Kind Services \_\_\_\_\_ Waiver of Fees \_\_\_\_\_

Total Value of the Request (cannot exceed \$500): \$ \_\_\_\_\_

Description of Event, Include Date and Location:

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

Will Admission Fees be Charged at your Event: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Admission Charge: \$ \_\_\_\_\_ Per \_\_\_\_\_

Are Other Donations Being Solicited or Been Received: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Provide Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have Legal Entity or Subgroup Applied for a Grant Request from the City of DeBary within the last twelve months?: Yes \_\_\_\_\_ No \_\_\_\_\_

## Required Attachments

**All attachments are required in order to accept the application. Please check each to confirm they are included in your application.**

- Tax Exempt Certificate
- W-9 Request for Taxpayer Identification Number and Certification
- Insurance Certificate listing City of DeBary as an additional named insured
- A letter on organization letterhead outlining the details of your request. Please make sure to answer the following questions:
  - a. Describe your organization and the purpose/goals of your event.
  - b. How will any monetary contributions, in kind services, or waiver of fees be used?
  - c. How will the grant benefit the City?
- Event Budget. Budget must include the following:
  - d. All event expenses
  - e. Projected event revenue

**I/we have read and have been given a copy of the Special Event Policy and agree to abide by the regulations of the City of DeBary.**

I hereby state the above information is true and accurate to the best of my knowledge. I further understand and agree to any and all conditions of the required application.

I understand that the City of DeBary assumes no liability for this event. I hereby agree to defend, hold harmless, and indemnify the City, at the City's option, from any and all demands, claims, suits, actions and legal proceedings brought against the City of DeBary in connection with this event, whether threatened or otherwise, to the full extent as permitted by the law of the State of Florida.

This provision shall survive the term of the Agreement and shall remain in full force and effect until the expiration of the time for the institution of any action at law or equity or administrative action against the City of DeBary under either federal law or the laws of Florida.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed

Submission of this application **DOES NOT** guarantee a grant or event approval. All applications go to the City Council for approval.

### INTAKE ACCEPTANCE (Office Use Only)

Name of Event: \_\_\_\_\_ Organization/Person: \_\_\_\_\_

Application # \_\_\_\_\_ Application Complete: YES NO

Received By/Title: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ Initial: \_\_\_\_\_

**SPONSORSHIP APPROVED** or **DENIED** Date \_\_\_\_\_