DISCRETIONARY FUND REQUEST

DATE: | **AMOUNT OF DONATION:**

PLEASE NOTE: Requests must be submitted early enough to allow for a two-week processing period for departments to complete the request. All requests must be submitted in writing with all required back-up documentation annually by July 31 to allow staff to allocate the funds and close out the fiscal year on time.

ELECTED OFFICIAL NAME:

ORGANIZATION'S TAX ID NUMBER: | **VENDOR NUMBER (IF ALREADY ASSIGNED)**

LEGAL NAME OF ORGANIZATION RECEIVING DONATION:

****All organizations must complete a vendor package, **if they do not already have a vendor numbe**r, to become a registered vendor of the city before any request will be fulfilled.****

ORGANIZATION'S FULL ADDRESS:

Street Address:

Additional Address:

City: | **State:** | **Zip Code:**

POINT OF CONTACT FOR DONATIONS:

Name:

Email: | **Telephone Number:**

DESCRIPTION OF DONATION:

REQUESTOR SIGNATURE: | **Date:**

****** REMEMBER: All requests from the commission shall be in writing with the complete backup provided BEFORE the request for funds will be processed. ******

OFFICE USE ONLY

EMPLOYEE RECEIVING REQUEST: (PRINT NAME)

EMPLOYEE RECEIVING REQUEST: (SIGNATURE) | **Date:**