



City of Los Altos  
**Non-Profit and Civic Organization Contributions Application**

**Organization Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Non-profit? Y/N

Civic organization? Y/N

Benefit Los Altos community? Y/N

Description of organizational activities: \_\_\_\_\_

\_\_\_\_\_

Description of organizational impact on Los Altos community: \_\_\_\_\_

\_\_\_\_\_

**Contact Information**

Contact name: \_\_\_\_\_

Contact role: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Contribution Information**

Annual contribution amount requested: \_\_\_\_\_

Length of contribution request? \_\_\_\_\_

Total contribution amount requested: \_\_\_\_\_

Repeat request from a previous budget cycle? Y / N

Use of funds:

<b>Expense</b>	<b>Amount</b>	<b>Intended Use</b>	<b>Contribution to City</b>

<b>Total</b>			

**Agreement**

As the official representative for the above organization, I agree to comply with all requirements listed or otherwise enforced through the City of Los Altos Non-Profit and Civic Organization Contribution Policy. The City reserves the right to revoke this application at any time for any purpose. The organization shall provide all documents and organizational information as required by the City of Los Altos necessary to comply with Non-Profit and Civic Organization Contribution Policy application. The official representative certifies that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_