

**APPLICATION FOR
CITY COUNCIL DISCRETIONARY FUNDS**

District: _____

Councilmember: _____

Name of Party requesting Council Discretionary Funds: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Does your organization have non-profit status? _____

Requested Amount: _____

If awarded, who will the amount be payable to? _____

Date of the Event: _____ **Location:** _____

Describe the event, program, or project for which you are requesting funds: _____

Describe the Community Benefit: _____

Please include the following attachments:

W-9 Chapter 5.10 Acknowledgement Form

I certify that the information and materials submitted are true to the best of my knowledge and belief. I acknowledge that it is the sole responsibility of the recipient to comply with all federal, state, and local laws, regulations, ordinances, and policies as may be applicable in connection with Discretionary Funds received. I understand that if the Discretionary Funds are used in violation of federal, state, and local laws, regulations, ordinances, and policies, the City may seek to recover all awarded funds.

Applicant Name: _____

Applicant Signature: _____