

**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:** \_\_\_\_\_