



APPLICATION SPECIAL EVENTS ASSISTANCE PROGRAM



Date Received – Date Stamp

Events Where City Costs are Funded

The City Commission shall on a case by case basis approve special events for which some or all the costs of City fees and or resources are subsidized through a specially funded account. For funding consideration, the event must be held in the City of North Port and meet the guidelines as outlined in City Special Events Assistance Program Guidelines and the Unified Land Development Code Chapter 53, Section 53-265 Special Events.

Instructions

The applicant shall submit to the Planning and Zoning Division, a completed Special Events Assistance Program application. The application will be presented to the City Commission at the next available regularly scheduled meeting to consider the applicant’s request for funding and either approve or deny the request. The funding amount if granted, will be applied directly to City fees and or resources associated with the special event. If the amount of funding is insufficient to cover the cost of City fees and or resources, it shall be the responsibility of the applicant to pay the difference. Although a special event permit is not required at the time of application for assistance, an issued special events permit is required for the event to be held.

General Information

Applicant: Brandi Bond

Is the applicant: Individual Corporation 501c3 Other:

Contact person: Brandi Bond

Address: 8063 Boca Grande ave

City/State/Zip: North port, FL 34287

Telephone: 941 539 5702 Home: _____

Cell: _____ Email: BondB1984@yahoo.com

Preferred means of contact: _____

Event Information

Event Name: Trunk or treat

Is the event open to the public? Yes No Admission charged? Yes No

(If the event is not open to the public and/or admission charged, the event does not qualify for the program)

Location Address: _____

Date(s) of Event: 10.30.21 Hours: 4-7 Expected Attendance: 100 plus

Start & End

Amount of Request: \$ 500 Financial Need: Yes No

Will this event occur without financial assistance? Yes No

Event is (check one): One-time event Annual event

If annual event, how many years has your organization been holding this event? and year

Prior funding from City: Yes No If yes, amount received: \$ _____

Description of Event: TRUNK or treat

Affidavit of Applicant:

I certify that the information contained in this application is true and correct to the best of my knowledge, that I have read and understand that if funding is approved, I agree to abide by the guidelines and procedures governing this program.

Brandi Bend
Signed by Applicant

10.30.21 10.12.21
Date

Brandi Bend
Please Print Name