SAP-19-237

APPLICATION
SPECIAL EVENTS ASSISTANCE PROGRAM

Date Received – Date Stamp

CITY OF NORTH PORT
PLANNING
SEP 30 2019
RECEIVED

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: Hope for North Port

Is the applicant: Individual ☐ Corporation ☑ 501c3 ☐ Other: ☐ _____

Contact person: Larry Grant

Address: 5600 South Biscayne Dr

City/State/Zip: North Port FL 34287

Telephone: _____ Home: _____

Cell: 9415493902 Email: lorenz1357@gmail.com

Rev 6-26-18-adopted by CC
9-11-18-RES No. 2018-R-17

Preferred means of contact: Cell Phone

Event Information

Event Name: Free Thanksgiving Meal

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: 5600 South Biscayne Dr.

Date(s) of Event: 11-28-19 Hours: 12-4 Expected Attendance: 3500

Start & End

Amount of Request: $ 1000 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? 15

Prior funding from City: ☐ Yes ☑ No If yes, amount received: $

Description of Event: Free Thanksgiving Meal for the community Live music, Family and Children's activities, Bounce houses

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.

Signed by Applicant 9-28-19 Date

Larry Grant

Please Print Name