

APPLICATION
SPECIAL EVENTS ASSISTANCE PROGRAM



Date Received – Date Stamp

3/5/2024

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: Kiwanis Club of North Port ~~Foundation~~ Inc. *S. Talwan Revised.*

Is the applicant: Individual ☐ Corporation ☐ 501c3 ☒ Other: ☐

Contact person: Elaine Allen-Emrich

Address: 5662 Gabo Road

City/State/Zip: North Port, FL, 34287

Telephone: _____ Home: _____

Cell: 941-223-7120 Email: eallenemrich@gmail.com

Preferred means of contact: Email

Event Information

Event Name: Kiwanis Women's Health Safety Matters Expo

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: Morgan Center, 6207 West Price Blvd. 34291

Date(s) of Event: Sat. April 6, 24 Hours: 10 a.m. Expected Attendance: 1 p.m.

Start & End

Amount of Request: \$ _____ 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? 2 years

When will the next event be held? Next year How many people do you expect? 950/1,000

Prior funding from City: ☐ Yes ☐ No If yes, amount received: \$ 600

Description of Event: The Mammogram bus will give 3D exams, there are health, mental health, holistic vendors to help women navigate health care and resources.

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.

Elaine Allen-Emrich
Signed by Applicant

3-5-24
Date

Elaine Allen-Emrich
Please Print Name