

SAP-19-220

SPECIAL EVENTS ASSISTANCE PROGRAM



Date Received - Date Stamp

CITY OF NORTH PORT
PLANNING

SEP 1 8 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	1121	
Applicant: Kiwanis (lub of No	orth fort	
Is the applicant: Individual Corporation 502	1c3 Other:	
Contact person: Licini Aller Emice	h	
Address: 5662 Gabo Roul		
Sity/State/Zip: North lest	FL 3428	7
Telephone: 941-223-7120 H	lome;	
	Callenemiich @ imail com	L
35 3 ne		

Preferred means of contact: <u>Email</u>		
Event Information		
Event Name: Kiwanis Bike Sufety Rodeo Is the event open to the public? Yes \(\text{No} \) Admission charged? \(\text{Yes} \) Yes		
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: Dallas White Park		
Date(s) of Event: Oct. 19 Hours: 9 to 1 Expected Attendance: 225		
Amount of Request: \$\forage \text{Notate to give out} \text{Financial Need: MYes \square No - rental Costs} \text{Vest Will this event occur without financial assistance? \text{Ny Yes \square No} \text{No}		
Event is (check one): One-time event Annual event Hopefully		
If annual event, how many years has your organization been holding this event? This is the first, we		
If annual event, how many years has your organization been holding this event? This is the first we are haping to do it annual event. Prior funding from City: Yes No If yes, amount received: \$ Not for this event.		
Description of Event: Children will learn helmet bike Safety, Safe crossing		
hand signals for bites, about brain injuries front not wearing a		
helmet and navigate a course on a bite.		
Affidavit of Applicant: Redestrol an Safety WM also be faught,		
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 Date Date		
Please Print Name		

Rev 6-26-18

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