

## APPLICATION SPECIAL EVENTS ASSISTANCE PROGRAM



Date Received – Date Stamp

05/29/24

## **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 Parks and Recreation Department, 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	North Port Area Chan	mber of commerce
Applicant: North Port Young Profession		A.Brickner 6/4/2
Is the applicant: Individual	Corporation 501c3 Other:	501c6
Contact person: Angie Omicioli		
Address: 14140 Tamiami Trl		
City/State/Zip: _North Port	,_FL	34287
Telephone: 406-690-5638	Home:	
Cell:	Email: npyoungprofessionals@	gmail.com

Preferred means of contact: Email	
Event Information	
Event Name: 4th Annual Back to School Bash	
Is the event open to the public?	sion charged? □ Yes <mark>□ No</mark>
(If the event is not open to the public and/or admissi	on charged, the event does not qualify for the
program)	ges, are event used not quality for the
Location Address: 4970 City Hall Blvd North Port, FL	
Date(s) of Event: July 20 Hours: 3-9pm	Expected Attendance: 800
Start 8	2 End
Amount of Request: \$ 1000 Financial N	Need: Yes 🗆 No
Will this event occur without financial assistance?	es 🗆 No
Event is (check one): ☐ One-time event ☐ Annual ev	vent
If annual event, how many years has your organization	been holding this event? 4th year
Prior funding from City:   Yes   No   If yes, amo	ount received: \$ 1000
Description of Event: A community event that brings together fa	milies, city services, local business and our schools. There
are local bands and performances, bounce houses and vendors. The	money raised goes to our local North Port schools.
Affidavit of Applicant:	
I certify that the information contained in this application is have read and understand that if funding is approved, I agree this program.	is true and correct to the best of my knowledge, that
this program.	and procedures governing
900	5/29/24
Signed by Applicant	Date
Angela Omicioli	
Please Print Name	