

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: First Slovic Pentecostal Church
Is the applicant: Individual Corporation 501c3 Other: Church
Contact person: Dmitry Stalburshy
Address: 5848 Tropicare Blvd.
City/State/Zip: North Port , FL 34291
Telephone: 941-515-8862 Home:
Cell: Email: dsts1borsky & Yalroo com

Preferred means of contact: Cell Phore
Event Information
Event Name: Family Christian Festival (Russian Ukraine)
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: City Center Green
Date(s) of Event: April 20,2024 Hours: 3pm - 7pm Expected Attendance: 1500 +
Start & End
Amount of Request: \$ Financial Need: \[\subseteq \text{Yes} \text{No} \]
Will this event occur without financial assistance? ★ Yes □ No
Event is (check one): Some-time event Annual event This is the Second Hor, not Appeal What annual event, how many years has your organization been holding this event?
When will the next event be held? How many people do you expect?
Prior funding from City: Yes No If yes, amount received: \$
Description of Event: Our Church Would like to Setyp an event
For the Community, mainly for Slavic Families (Russian) ukraine), However,
all ove Welcome. With the Community Growing & a large in flux of emoplars in the Area. We want to Provide a County Day, Free Affidavit of Applicant: Of Charge.
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.
Donitry Stsibooly 3-5-24
Signed by Applicant Date
for James Seni
Please Print Name

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