

APPLICATION SPECIAL EVENTS ASSISTANCE PROGRAM



Date R	Received – Date Stamp	
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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, if applicable.

General Information

Applicant: Awaken Outreach Center, Inc.		
Is the applicant: Individual 🗆 Corporation 📈 501c3 🗆 Other: 🗆		
Contact person: Bran Zdrojouy		
Address: 4940 PAN American Blud		
City/State/Zip: North Port FE, FC 34287		
Telephone: 443-340-4954 Home:		
Cell: Email: brian@myawaken, church		

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	Preferred means of contact:	
	Event Information	
	Event Name: Simply Christmas	
,	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 Green	
	Date(s) of Event: 1224 24 Hours: 3:30 - 7:30 Expected Attendance: 200	
	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? $\frac{9 \text{ or } 10 \text{ yrs}}{10 \text{ yrs}}$	
	Prior funding from City: \square Yes \square No If yes, amount received: $\frac{250}{00}$	
	Description of Event: A family Festival celebrating Christmas,	
	Complete with Gringerbread competition, Hot chocolate,	
	lookies; Songs of the season and amessage from Pastor Brian	

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.

1 en Signed by Applicant av **Please Print Name**

Date

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