Date Received - Date Stamp
OCT 09 2020

SPECIAL EVENTS ASSISTANCE PROGRAM APPLICATION

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 outlined in City Special Events Assistance Program Guidelines and the Unified Land Development Code Chapter 3, Section 3.10.1. Special Events.

INSTRUCTIONS

The applicant shall submit to the Parks & 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; it shall be the responsibility of the applicant to pay the difference. A special event permit is not required at the time of application for assistance, however if an issued special event permit is required for the event, the applicant shall follow the guidelines for the special event permitting process.

GENERAL INFORMATION

Applicant:
St. Andrew's Ukrainian Religious and Cultural Center

Is the applicant: ☐ Individual ☐ Corporation ☑ 501c3 ☐ Other _____

Contact Person:
IULIIA DANILOVETS

Address:
4230 SUNBURST AVE

City: NORTH PORT | State: FL | Zip: 34286

Telephone No: 9414569915 | Cell No.:

Email:
uafestivalswfl@gmail.com

Preferred means of contact:
PHONE

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EVENT INFORMATION

Event Name:
UKRAINIAN FESTIVAL OF SOUTHWEST FLORIDA

Is the event open to 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:
4970 CITY HALL BLVD, NORTH PORT, FL

Date(s) of Event: 02/07/2026

Hours (start & end): 11:00 AM - 6 PM

Expected Attendance: 2000

Amount of Request $ 1000

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

Prior funding from City: ☑ Yes ☐ No

If yes, amount received $ 1000

Description of Event:

Community Festival

AFFIDAVIT OF APPLICATION:

I certify that the information contained in this application is true and correct to the best of my knowledge, that I have read and understood that if funding is approved, I agree to abide by the guidelines and procedures governing this program.

Signed by Applicant

Date: Oct. 1, 2025

Please Print Name
DARIA TOKHASHOSKY