

## 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: Ki Wanis Club of North Port Foundation	
ls the applicant: Individual ☐ Corporation ☐ 501c3 ☐ Other: ☐	
Contact person: Elaine Allen-Emrich	
Address: _5662 Gabo Road	viii s
City/State/Zip: North Port, Fl. 34287	
Telephone: Home:	
cell: 941-223-7120 Email: eallehemrich @qmail.com	

Preferred means of contact: EMail
Event Information
Event Name: Kiwanis Pet Expo
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: Mullen Center 1602 Kvamer Way, Math Pat, FL. 34287  Date(s) of Event: Sat. Ham Hours: 8-2 p.m. Expected Attendance: 1,100
Date(s) of Event: Sat. Man Hours: 8-2 p.m. Expected Attendance: 1,100
Start R. End
Amount of Request: \$ Financial Need: X Yes \Box 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?
If annual event, how many years has your organization been holding this event? $\frac{24475}{1,100}$ When will the next event be held? $\frac{100}{1,100}$
Prior funding from City: Tyes I No If yes, amount received: \$ 600
pet products, leash laws, local rescues and awareness
pet products, leash laws, local rescues and awareness
of licensing and environmental issues associated with pe
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
3-5-24
Signed by Applicant Date
Elaine Allen-Emrich
Please Print Name