



For City Use Only:

Date Received: \_\_\_\_\_

Application Complete \_\_\_\_ Y \_\_\_\_ N

If No – Date Returned \_\_\_\_\_

**City of Hawaiian Gardens  
Application for Donation from City  
For Non-Profit Organizations and Programs**

**Amount Requested:** \_\_\_\_\_ **Donation Period:** \_\_\_\_\_

**Organization Information**

Name of Organization/Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ Organization Fiscal Year End Date: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Organization Profile**

**Please attach:**

- Flyer or brochure describing the organization or event
- By-Laws of the organization
- Mission Statement as registered with the IRS

**You may use additional sheets of paper to complete the requested information**

Describe the Organization and/or its Mission:

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List Organization's Board of Directors and/or Trustees:

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Organization's Budget for Fiscal Year: \_\_\_\_\_

501(c)3 Organization    **Y**    **N**

**Please submit copies of the following documents with this application:**

- Certificate of Status from the Secretary of the State of California
- Most recent IRS Form 990 or IRS determination letter

### **Donation Request Information**

Description of program, event, or activity to be funded with this donation:

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Dates and location of program or activity: \_\_\_\_\_

Type of funding requested:

- General Support (Must support the stated mission of the organization)
- Specific Project Support
- Specific Event
- Equipment or Supply Purchase
- Other \_\_\_\_\_

Number of participants: \_\_\_\_\_

Average age or age group of participants: \_\_\_\_\_

Percentage of Hawaiian Garden Resident Participants: \_\_\_\_\_

Which of the following apply: (Please mark all that apply)

\_\_\_\_\_ Provides direct assistance or complements City program or Initiative.

    If marked please indicate which program or initiative \_\_\_\_\_

\_\_\_\_\_ Provides service or benefit to the community

\_\_\_\_\_ 50% or more of participants are residents of the City

Description of target population/participants:

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What are the benefits or results expected to be achieved as a result of this donation:

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How will results be measured?

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What other sources of funding have you attained or requested:

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Has your organization received previous donations from the City: **Y** **N**

If Yes, please indicate dates and amounts:

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If Yes, have you provided the City with a presentation to demonstrate how the donation was used?

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If Yes, indicate date(s) and provide a description:

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### **Financial Information Estimates for Current Fiscal Year**

Describe the organization's financial need and attach any supporting documents, including but not limited to financial statements, bank statements, and balance sheet:

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I certify under penalty of perjury that all information provided on this application is true and complete and I understand the requirements for consideration of a donation from the City of Hawaiian Gardens. I also understand that donation funds may not be transferred to another organization or activity and that failure to comply with all requirements may result in disqualification or denial of the application.

I am authorized to sign on behalf of \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_