



Request for:
Fee Waiver and/or Fee Reduction / Donation Application (Circle One)
Please note: Normal service request procedures should be followed for standard services.

DATE: _____

Date of Event: _____

Please complete the following and submit to: _____ (City Department)
City of Brentwood
708 Third Street
Brentwood, CA 94513
925-516-5118

1. Proposed Project Name _____

2. Requested Funding Amount: \$ _____

3. Have matching funds been secured for this project? Yes _____ No _____

4. Applicant Information:

Name of Organization/Agency: _____

Contact Name: _____

Mailing Address: _____

Street Address: _____

City _____ State _____ Zip _____

Email Address _____ Telephone _____ Fax _____

Business License # _____ Nonprofit ID # _____ (attach copy)

5. Does this project fall under one or more of the City Council Two Year Goals? If yes, please explain:

6. Have you or your organization previously requested and/or received any funding from the City? If yes, please provide any pertinent funding information:

7. Will promotional materials be created for this project / event? _____ Yes _____ No



***Request for:
Fee Waiver and/or Fee Reduction / Donation Application (Circle One)***

Date: _____

8. Proposed Project Information:

- a. How will the requested funds be used? Describe, in detail, the proposed project. Clearly define any fee schedules that are applicable to this project. Identify if the proposed project is a new service, or extension of an existing one.

- b. Specify the proposed area (i.e., downtown), population or agency that will benefit from this program or project.

- c. What documentation/data/records support the need for this proposed project? Identify your data sources. Additional pages may be included, if needed.



**Request for:
Fee Waiver and/or Fee Reduction / Donation Application (Circle One)**

Date: _____

Required Attachments:

Please provide the required copies of the following: *(Please note: Applications without the following documents will not be reviewed for funding)*

Please label attachments A, B, etc.

- A. Names and home addresses of governing board; identify current board officers, etc. Homes addresses are required.
- B. Personnel Information
 - i. List of all paid positions by classification and salary scale. If classification is part-time or temporary, indicate percentage of time on an annualized basis.
 - ii. Identify contract services (bookkeeping, answering service, secretarial, etc.) and total cost per contract on an annual basis.
- C. Proof of Non-Profit 501(c) (3) or (c) (6)
- D. Proof of insurance.

Signatures:

Applicant

Date

Name of Organization / Agency

Note: Applicants will be notified within fourteen (14) business days if the request for use of City Funds will be granted.

=====

For City of Brentwood Use

Approved by: _____
Director Signature

Date

Charge to: _____
Account Number

Budgeted in Current FY? _____(Y) _____(N)

Total Fees Waived: \$ _____

Note: Approval of donation requests requires an accompanying check request.



FINAL Report and Reimbursement Form

Fiscal Year _____

THIS IS A MANDATORY FINAL REPORT

This report encompasses project activity, plus provides an overall project summary. The form should be completed and mailed to:

***City of Brentwood
708 Third Street
Brentwood, CA 94513
925-516-5118***

Date Received: _____ Application Number: _____

Office use only

Name of Agency/Organization: _____

Address: _____

Project Name: _____

Please recap your event or program including as much detail as possible relating to its outcome, specifically the number of people who attended, fees collected, funds disbursed and any goals/objectives that were reached as a result of the program. Please use a separate sheet of paper, if necessary.

Contact: _____

Report Prepared by: _____

Telephone Number: _____ Email: _____

Amount of Grant Awarded: _____ Total Amount Invoiced: _____

If funds have not been used to date or project not implemented – sign and return cover page only at this time.

Signature

Date

Request for Fee Waiver and/or Fee Reduction / Donation

Final Report

Fiscal Year _____

Schedule A

Project Proceeds and Expenditures Summary

GROSS PROCEEDS FROM EVENT	\$
EVENT EXPENDITURES	
Salaries	
Consultant Fees	
Equipment	
Supplies/Materials	
Promotion/Publicity	
Travel/Transportation	
Other	
TOTAL EXPENDITURES	\$
NET PROCEEDS FROM EVENT	\$
CITY FEE WAIVER/DONATION AMOUNT GRANTED	\$