



CARDSTON COUNTY COMMUNITY DONATION APPLICATION

Community Organization Information

Community Organization: _____

Address: _____

Contact Name: _____

Contact Phone/Cell Number: _____

Event, Initiative, or Activity Information

Total Cost: _____

Amount of Funding Requested: _____

Other Sources of Funding: _____

Please provide a general description of the event, initiative, or activity's objectives:

How will this event, initiative, or activity benefit the community at-large?

Please demonstrate the need for a community donation from Cardston County:

Have you reviewed and understand Cardston County's Community Donation Policy?

Yes No

Has your community organization received a donation from Cardston County before?

Yes No

If yes, in what year and for what purpose was the donation made?

Applicant Information

Name: _____

Phone/Cell Number: _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY:

Was a donation made?

Yes No

Donation Amount: _____