POLICY: COMMUNITY DONATIONS	
AUTHORIZED BY: COUNCIL	**POLICY SOURCE: FINANCE**
EFFECTIVE DATE: DECEMBER 10, 2018	**PAGE: 1 OF 1**

Policy Purpose

Cardston County will continue to be a contributing member of its communities by providing donations to events, initiatives, and programs run by community groups and non-profit organizations.

To ensure a consistent process for receiving applications and clear guidelines for granting donations, the County will use the following system:

1. The county's budget will reserve a maximum amount for community donations each year.
2. Any individual or organization seeking a community donation must submit a completed application to the Administration no later than 30 days prior to the scheduled Council meeting at which the application will be reviewed.
3. The Administration will promote the availability of community donations throughout the year. All advertisements and notices will be posted exclusively on social media and the Cardston County website.
4. The administration will review all applications and then forward them to the Council along with their recommendations for consideration.
5. No single application will be granted a donation exceeding 10% of the total budgeted community donation allotment unless unanimously approved by the Council.
6. The County will evaluate each application to determine whether to provide a cash donation or an in-kind donation based on the nature of the project and the availability of funds allocated for community donations.
7. All donation decisions made by the Council are final and not subject to appeal or reconsideration.

Requests from other municipalities are exempt from this policy and will be addressed by the Council on a case-by-case basis.

Community Donation Guidelines

To qualify for a community donation from the County, applicants must be either a non-profit organization or a community group hosting an event, initiative, or program that is accessible to the public. Applications intended for partisan, political, or private purposes will not be eligible for consideration.

To ensure clear guidelines and a consistent approach to evaluating applications, the County will consider the following factors when allocating community donations:

1. Preference will be given to applicants who can demonstrate significant community involvement and provide clear evidence of substantial benefits to the community.
2. Preference will be given to applicants who demonstrate a significant need for the specific requested donation.

3. Applicants organizing community events, activities, initiatives, or programs will be given preference over those requesting donations for capital projects.

4. Preference will also be given to applicants without prior donations from the County.

5. Individual applications may be considered, depending on the nature and purpose of the event.

6. Applications submitted after the conclusion of the event, initiative, or program will not be considered.

Revision History

Approved	July 13, 2015
Revised	December 10, 2018
Revised	January 27, 2025

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: _____