



# City of Dixon

## Community Support Fund Donation Request Form

### General Information

This form should be completed and printed. This form cannot be submitted online. Requests should be submitted at least 30 days in advance of an event to allow time for review and presentation for Council consideration. Please email to the City Manager Jim Lindley, [jlindley@ci.dixon.ca.us](mailto:jlindley@ci.dixon.ca.us) or you may drop it off at Dixon City Hall.

**Today's date:** \_\_\_\_\_

**Date of Program Event:** \_\_\_\_\_

### Organization Information

Name of Organization \_\_\_\_\_ EIN/Tax ID # \_\_\_\_\_ Nonprofit Status (since) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Organization Website \_\_\_\_\_ Contact E-mail Address \_\_\_\_\_

Name of Contact \_\_\_\_\_ Title or Relationship to Organization \_\_\_\_\_ Contact's Telephone Number (if different) \_\_\_\_\_

Has the organization received support from the City of Dixon? Y/N \_\_\_\_\_ When: \_\_\_\_\_

By what date do you need the contribution? \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
Maximum \$5,000

### Program Information

Program or Event Name \_\_\_\_\_

Purpose of Support \_\_\_\_\_

How will the funds donated for the program be used? \_\_\_\_\_

How will a Dixon donation assist your program? How many people served? \_\_\_\_\_

What kind of recognition will the City receive, if any? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
*By signing this form, I verify that I am an authorized agent of the requesting nonprofit and this organization qualifies for "501(c)(3)" tax-deductible contributions as defined by the Internal Revenue Service.*

#### FOR CITY OF DIXON USE ONLY

Date Received: \_\_\_\_\_ Donation: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Authorized by/Resolution: \_\_\_\_\_ Amount: \_\_\_\_\_