

SPARKS ROTARY COMMUNITY FUND

Charitable Contribution Application



ORGANIZATION INFORMATION										
Individual/Organization Name		City of Sparks					Date			
Street Address	431 Prater Way									
City	Sparks			State	NV		ZIP	89431		
Phone	775-353-2300			E-mail Address						
Incorporated		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Are you considered a Non Profit Organization?			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
Are you recognized by the IRS as a 501(c)(3)?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	IRS Number		Tax/Social Security Number				
Have you previously received funds from The Community Fund?		YES	NO <input checked="" type="checkbox"/>	If So, When?		Amount				
Identify Individual/Organizations Activities, Goals & Objectives (Below):										
The City of Sparks is looking to design, bid, and build a All Abilities Playground at the Sparks Marina. The project is being funded in the City CIP for FY20 (July 1-2019), but the City is looking for additional funds for design and construction.										
PROJECT INFORMATION										
Total Cost of Project		Approx. \$550-\$650k		Amount Requested from Sparks Rotary Community Fund			\$80,000			
Time Span of Project:	From	7/1/1029	To	6/30/20	When will Funds be Disbursed?		Throughout Cycle			
Names of Other Sources of Funds, Including Government, Being Pursued and Amount Requested From Each Source:										
Name of Other Source	City of Sparks				Amount		\$500,000			
Name of Other Source					Amount					
Please Provide a Summary of Project for Which Funds are Being Requested (Below):										
The City of Sparks would use the requested funds during the initial design phase, if any funds remaining would use towards the construction phase.										
How will you recognize/publicize Sparks Rotary Community Fund's gift if one is forthcoming?										
The City of Sparks would recognize the Sparks Rotary through acknowledgement at City Council										
List other known programs that address a similar need. Explain your efforts to collaborate with these similar programs/Services:										
The City of Sparks will also be reaching out to other local philanthropy organizations such as Redfield and Pennington										
AUTHORIZATION										
I certify that I have the authority to request funds from the Sparks Rotary Community Fund (Fund) on behalf of the above organization or individual. In addition, I understand that the Fund may at their discretion, publicize the fact that funds have been contributed to the organization or individual and the purpose of the funding. Any form of media may be used by the Fund at their discretion and may include the use of pictures and the name of applicant or the individuals benefiting from the Contribution.										
Submitted by					Title				Date	