

# City of Poway



## Community Contribution Application

*This program provides financial contributions to Poway based non-profits, community groups, and school groups in support of events, programs or activities. Fundraisers, travel expenses, religious, and individual activities are not eligible for this program.*

Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you requesting on behalf of a Poway based school group or sports team? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your group or program located in Poway? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is 50% of your membership Poway residents? (Please attach roster) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your group a non-profit or partnered with a non-profit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your group is a non-profit, please provide your Federal Tax ID#:

\_\_\_\_\_

If your group is partnered with a non-profit organization, please provide their name and Federal Tax ID#:

\_\_\_\_\_

**Amount Requested** (Maximum of \$2,500 in a fiscal year, July 1 – June 30): \$\_\_\_\_\_

Total budget for proposed activity, event, or program: \$\_\_\_\_\_ (if available, please attach an itemized budget)

# Activity, Event, or Program Details

Title: \_\_\_\_\_

Purpose: \_\_\_\_\_

How will your activity, event, or program benefit Poway residents (Be as descriptive as possible and if necessary please include relevant attachments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location(s): \_\_\_\_\_

Date (if applicable): \_\_\_\_\_

Is this a one-time event or recurring: \_\_\_\_\_

Number of participants or attendees: \_\_\_\_\_

Target audience (e.g. kids, seniors, etc.): \_\_\_\_\_

Please list any City or County permits you have acquired for your event:

\_\_\_\_\_  
\_\_\_\_\_

**Submit completed application to:**

City of Poway, City Manager’s Office  
P.O. Box 789  
Poway, CA 92074