

Community Donation Request Application



Individual: Organization/Group: Date of Application: 9/1/23

Applicant Information

Name of Individual or Organization/Group: Kiuta Student Council

Federal EIN# 92-0057754

Business License Number(s) (if applicable): _____

Applicant Address: PO Box 169 UTOIAGVIK AK 99723

Contact Person: Jennifer Brouer Email Address: Jennifer.Brouer@nsbsd.org

Daytime Phone: (907) 852-9754 Cell Phone: _____

Community Donation Request ("CDR") Request Information

Amount Requested: \$10,000

Dates & Location of Event: MARCH 15 - APRIL 1 2024 WASHINGTON DC

How many youth, adults, and or/elders are involved: #Youth 8 #^{ADULT}Youth 1 #Elders: _____

Have you received CDR funds in the previous 12 months (please circle one)? YES / NO Provide any previous dates upon which you have received CDR funds: UNSURE IF CDR FUNDS RECEIVED

FUNDING WAS PROVIDED LAST YEAR \$5,000 FOR THAT GROUP OF STUDENTS

PROJECT SUMMARY

Please provide a comprehensive, clear, and concise response to each of the questions below.

1. Describe the overall goals, objectives, and activities to be accomplished by the proposed project: _____

A once in a lifetime experience for students to become active PARTICIPANTS IN DEMOCRACY.

2. List all donations received and pending from other organizations including the organization making the donation and the amount. BAKE SALE \$170, BBQ \$985, BAKE/BBQ 1,256 + \$71 =, AG DONATION \$2,500

REQUESTED ICAS \$2,500, ASTAL \$1,500, CONOCO \$5,000, BEVCT \$5,000

3. Provide a proposed budget breakdown with the following information (use graph below and attach any supporting documents to this application: _____)

Item or Expense:	Cost:	Proposed Funding Source (CDR or other funds?):
CLOSE UP COST w/PART TRAVEL	\$ 31,761	DONATION REQUESTS
TRANSPORTATION BRW/ANC	\$ 4,500	FUNDRAISING
HOTEL (ANC)	\$ 1,800	FUNDRAISING
PER DIEM	\$ 4,500	FUNDRAISING
TOTAL REEDED	\$ 42,561	

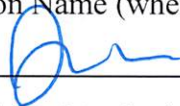
Agreement

I affirm that my organization, group, or self has reviewed the overview and policy above, and adhere to the City of Utqiagvik guidelines related to the use of CDR funds. I affirm that any funds received have been used for their intended purposes outlined in the Application submitted.

On behalf of my organization, group, participants, and myself, I grant the City full permission to use any photographs, videotapes, video clips, or recordings relating to my/our use of CDR funds for publicity purposes by the City. I agree to submit photographs, videos, and/or testimonials of the event that the City may use for promotional purposes.

I expressly consent on behalf of all minors who participated if their image is used by the City of Utqiagvik.

Organization Name (when applicable): KIITA LEARNING COMMUNITY

Signature:  Date: 9/1/23

Name & Title of Authorized Officer/Applicant: JENNIFER BREWER COUNSELOR

CITY OF UTQIAGVIK OFFICE USE ONLY		
Prior year donations received, if any:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current year donations received, if any:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRS determination letter and IRS Form W-9 attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utqiagvik resident for at least 30 days or more:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Council approved: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date approved: _____	Amount approved: _____	