	Community Donation Request Application	St QIAGE
Individual:	Organization/Group: Date of Application:	Jan 23,2024
Applicant Information Name of Individual	ation al or Organization/Group: <u>BHS</u> Cheer Team	and a second s
Federal EIN#		
Business License N	Number(s) (if applicable):	en Collection - Policy
Applicant Address:	Bornow High School	
Contact Person:	Theresa Knapp Email Address: theresa.	Knapp@NSBSD.01
Daytime Phone: <u></u>	207-852-8950 Cell Phone:	Line and the second
	ation Request ("CDR") Request Information	i terrization Sunto grifico conto conferente conto conto
Dates & Location o	of Event: November 2023 - March 202	4
How many youth, a	adults, and or/elders are involved: #Youth <u>12</u> #Youth_	#Elders:
	CDR funds in the previous 12 months (please circle one)? on which you have received CDR funds:	YES / NO Provide any

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: The goal of the BHS cheer team is to look "uniform! basketball games regional consection at all an competitions for the school year 2023-2024 Basketball cheelleaders atten a few Have 0 To uncl ude Alaska (california (colorado) Barrow OL

2. List all donations received and pending from other organizations including the organization making the donation and the amount. We have fundraised this year with movie activities, 2 Dalle Sete and a will be hast Elm. Students. Cheer er tice 0 cam 0 We are an 2. tos ign we ementary 1201 use m ellanoous Ch 91 2 a r 091 ME 0 0 0 MA Other Ch Sig 10 Dom < NS om

Community Donation Request Overview/Policy and Application Rev. 8/4/23

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

Cost:	Proposed Funding Source (CDR or other funds?):
\$ 1,125	cheer camp / other
\$ 5,000	hopefully District of
\$ 5,000 +	other
\$ 750	Chaer camp
·.	
	\$ 1;125 \$ 5,000 \$ 5,000 + \$ 750

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):	BHS	Che	er	tean	
Signature: <u>Shore Se Kn</u>			21:	28/24	

Name & Title of Authorized Officer/Applicant:

CITY OF UTQIAGVIK OFFICE USE ONLY			
Prior year donations received, if any:	🗖 Yes	🗖 No	
Current year donations received, if any:	🛛 Yes	🗅 No	
IRS determination letter and IRS Form W-9 attached:	🛛 Yes	🗖 No	
Utqiagvik resident for at least 30 days or more:	🛛 Yes	🗖 No	
Council approved:	🛛 Yes	🗖 No	
Date approved:	Amount approved:		