



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@cityofdixonca.gov 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. ***Please provide a W9 with application****

FOR CITY OF DIXON USE ONLY

Date Received: _____ Donation: _____ Fiscal Year: _____

Authorized by/Resolution: _____

Amount: _____