



**CITY OF STAR**  
P.O. Box 130  
Star, Idaho 83669  
P: 208-286-7247 F: 208-286-7569

## **DONATION REQUEST APPLICATION**

(Applications not complete will not be processed.)

Applicant: \_\_\_\_\_

Representative: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Donation Request Amount: \_\_\_\_\_

Donation Request For: \_\_\_\_\_

Project/Event Location: \_\_\_\_\_  
(Project/Event must take place within the city limits of Star)

Date Funds Are Needed: \_\_\_\_\_

Applicant Matching Funds Amount: \_\_\_\_\_

\_\_\_\_ Provide a narrative statement addressing the following:

1. Explanation of project
2. Timeframe of project
3. How project benefits the residents of Star
4. Other agencies/entities involved in funding

\_\_\_\_ List of proposed expenses

\_\_\_\_ Date: \_\_\_\_\_

*Applicant/Representative Signature*

*(For office use only)*

*Date Application Received:* \_\_\_\_\_

*Council Meeting Date:* \_\_\_\_\_

*Approved:* \_\_\_\_\_ \$ \_\_\_\_\_ *Denied:* \_\_\_\_\_

*Decision Letter to Applicant:* \_\_\_\_\_