



City of Los Altos
Non-Profit and Civic Organization Contributions Application

Organization Information

Name: _____

Address: _____

Website: _____

Tax Identification Number: _____

Non-profit? Y/N

Civic organization? Y/N

Benefit Los Altos community? Y/N

Description of organizational activities: _____

Description of organizational impact on Los Altos community: _____

Contact Information

Contact name: _____

Contact role: _____

Email: _____

Phone: _____

Contribution Information

Annual contribution amount requested: _____

Length of contribution request? _____

Total contribution amount requested: _____

Repeat request from a previous budget cycle? Y / N

Use of funds:

Expense	Amount	Provide a detailed explanation of the use of requested funds	Explain how this expense will benefit the City
Total			

Agreement

As the official representative for the above organization, I agree to comply with all requirements listed or otherwise enforced through the City of Los Altos Non-Profit and Civic Organization Contribution Policy. The City reserves the right to revoke this application at any time for any purpose. The organization shall provide all documents and organizational information as required by the City of Los Altos necessary to comply with Non-Profit and Civic Organization Contribution Policy application. The official representative certifies that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____