



City of Los Altos  
**Non-Profit and Civic Organization Contributions Audit Report**

**Organization Information**

Name: \_\_\_\_\_

**Contact Information**

Contact name: \_\_\_\_\_

Contact role: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Contribution Information**

Annual contribution amount received: \_\_\_\_\_

**WARNING: All information provided through this report will be entered into the public record so please be cautious of any personal or confidential information submitted on this form.**

Use of funds:

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

Does the use of funds information match the same information on your application? Y/N

If not, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_