

APPLICATION FOR SPECIAL USE GRANT

The Rawlings Foundation is pleased to provide nonprofit organizations with a unique opportunity to host their events at CityPlace. To apply for this Special Use Grant, please complete and submit the form below. If a question does not apply to you, please answer N/A. Please note this form does not constitute a contract. Grant applications will be reviewed and you will receive notification of the decision within 1 week of submission.

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Organization Name: _____ Address: _____

Is the organization a nonprofit? YES NO If yes, please list your EIN: _____

Did you file a 990 Form last year? YES NO Organization website: _____

How many members does your organization have? _____

If your organization is not a nonprofit, please provide contact information for 2 references:

Briefly describe your nonprofit. Include information on programs, population and number served annually, community benefit, area of service, year established. (A few sentences are sufficient).

What is the name and purpose of the event or program you plan to host at CityPlace?

The Rawlings Foundation exists to further the advancement of Christian education, values and teachings around the world, and to support those in need in our local communities. Please describe how your program aligns with the mission of The Rawlings Foundation.

Expected Attendance at Event: _____ Date(s) Requested for Use _____

Start and end times of your program? Start: _____ End: _____

The event will take place? Once Weekly Monthly Annually

How did you hear about CityPlace and the Special Use Grant? _____

Have you reviewed our Policies and Procedures Guide? (found on website) YES NO

If your application is approved, do you agree to abide by our policies and procedures? YES NO

Do you have volunteer support to provide your own event set up and break down? YES NO

To ensure the venue is properly cleaned and sanitized, a small cleaning fee will be assessed. Rates can be found in the Policies and Procedures Guide. Do you agree to this fee? YES NO

My signature below certifies the information provided is true and correct to the best of my ability:

(Signature)

(Date)