

CITY OF MIAMI SPRINGS



City Manager's Office
201 Westward Drive
Miami Springs, FL 33166-5289
Phone: (305) 805-5010
Fax: (305) 805-5040

SPECIAL EVENTS FUNDING REQUEST APPLICATION

1. Name of Organization: _____

Address: _____ Phone: _____

2. Amount Requested: \$ _____

3. Tax exempt? _____ 4. Employer/Tax ID #: _____

5. Purpose of this request (Name of Benefactor of this event): _____

6. Event Date: From ___/___/___ to ___/___/___

6a. Time of Day: _____ AM / PM to _____ AM / PM

7. Total cost of event (must attach a detailed budget): \$ _____

8. Other contributors (names and \$ amts): _____

9. Expected economic impact on downtown: _____

Name & Title of Individual Filing Request (print): _____

Signature: _____ Date: _____