



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: _____