



PUBLIC BENEFIT PROGRAM APPLICATION

This application must be submitted at least 14 days in advance or at least 30 days in advance for facility use. Return completed application to: Community Services Department, P.O. Box 19575, Irvine CA 92612-9575, Phone (949) 724-6620, Fax (949) 724-6608.

APPLICANT INFORMATION			
ORGANIZATION	APPLICANT NAME	EVENT CONTACT NAME	
ADDRESS (Street, City, State, Zip)		ADDRESS (Street, City, State, Zip)	
PHONE	E-MAIL	PHONE	E-MAIL

EVENT INFORMATION	
EVENT DESCRIPTION	EXPECTED ATTENDANCE
RESOURCES YOUR ORGANIZATION WILL PROVIDE <input type="checkbox"/> FUNDS/STAFF _____ <input type="checkbox"/> EQUIPMENT _____ <input type="checkbox"/> GOODS/SERVICES _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____	REQUESTED RESOURCES FROM THE CITY <input type="checkbox"/> EQUIPMENT _____ <input type="checkbox"/> FACILITY _____ <input type="checkbox"/> STAFF _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____
FACILITY SET-UP (Provided on-site by City staff) <input type="checkbox"/> CLASSROOM <input type="checkbox"/> THEATER <input type="checkbox"/> U-SHAPE <input type="checkbox"/> BANQUET <input type="checkbox"/> SQUARE <input type="checkbox"/> BANQUET (with head table/dance)	EVENT OPEN TO PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO CATERING SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO ALCOHOL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO ADMISSION/DONATION FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ INSURED? (Attach certificate) <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIBE THE ORGANIZATION, ITS PURPOSE AND GOALS

DESCRIBE HOW YOUR EVENT/PROJECT/SERVICE BENEFITS THE COMMUNITY

FACILITY RESERVATION REQUEST	
FACILITY/PARK	
1st CHOICE	2nd CHOICE
ROOM(S)/AREA	KITCHEN REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVENT DATE	EVENT TIME (include set-up & clean-up) START <input type="checkbox"/> AM <input type="checkbox"/> PM END <input type="checkbox"/> AM <input type="checkbox"/> PM

FOR OFFICE USE ONLY	DATE APPLICATION RECEIVED _____	RECEIVED BY _____
SUPERVISOR SIGNATURE _____	DATE _____	CITY CONTRIBUTION (In-kind) \$ _____
SUPERINTENDENT SIGNATURE _____	DATE _____	ORG CONTRIBUTION \$ _____
APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED EVALUATION: Eligible for future consideration? <input type="checkbox"/> YES <input type="checkbox"/> NO		