City of Marquette

Application and Instructions for
PROMOTIONAL FUND DISBURSEMENTS

The City of Marquette City Code, Chapter 2 Administration, Division 3, Public Relations; Section 2-522 Policies and Procedures provides a mechanism for community stakeholders to submit for fee discount or waiver of City fees to be incorporated within the annual City Budget process for consideration by the City Commission.

Promotional funds are defined as fee waivers and/or in-kind services provided by the City and/or cash payments.

All recommendations for funding must be approved by the Marquette City Commission. Funding may not be approved for activities/projects retroactively, therefore, a time frame allowing approval by the Commission must be considered when requesting funds.

QUALIFYING CRITERIA:

All requests will be considered based on merit and intent to benefit tourism, economic development, or other community development objectives of the City of Marquette.

APPLICATION PROCEDURE:

Funds must be requested using the attached form. Funds also must be used for the specific purpose requested. Applications shall be submitted to the City’s Community Services Director for preliminary review and then submitted to the City Manager. The City Manager’s Recommended Budget will include those activities/projects the City Manager recommends for funding. The City Commission will approve requests through the adoption of the City Budget.

Each application will be evaluated based upon requirements of the City’s Promotional Ordinance and proposed funding requirements. Any organization that submits more than one request will be considered based upon the sum total of all requests made for the fiscal year.

All applications intended for the next fiscal year Budget will be accepted from the period of February 1 through March 31 annually to be considered for the City’s next fiscal year budget (October 1 through September 30). All applications must be received by March 31st.
I. APPLICATION INFORMATION

Organization Name: ___________________________________________________________

Event Name, Date and Location: ______________________________________________

Organization Street Address: _________________________________________________

City: __________________________ State: ______________ Zip: ______________

Contact Name____________________________ Title__________________________

Contact Name____________________________ Title__________________________

Email________________________ Fax Number: ______________________________

Phone(s)_______________________________ ______________________________

II. ORGANIZATION STATUS

________ Government Entity

________ Non-profit Organization

________ For-profit Organization

________ Other: ________________________________
III. EVENT INFORMATION

Date________________________________________________________________

Time________________________________________________________________

Total Estimated Cost of Event__________________________________________

<table>
<thead>
<tr>
<th>Requested Funds</th>
<th>Previous Relief (If Applicable)</th>
<th>Requested Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Services</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Fees</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

* Above table must be completed in order for application to be considered.

Estimated Event Participation__________________________________________

Estimated Community Economic Contribution________________________________

IV. NARRATIVE PROGRAM DESCRIPTION

On a separate sheet of paper, attach to this application the following REQUIRED information:

1. Description and objective of the program (include location and dates, if applicable).
2. Description of how the program will benefit tourism, economic development or other community development objectives within the City.
3. Description of the intended target audience and anticipated level of participation.
4. Itemized list of how the requested funds will be used.
5. The proposed financial plan of the program, including a list of all expenses and revenues, and the percentage of revenues that will be reinvested within the City.

I hereby attest that the information contained in this application and all supporting documents is true and correct and agree to fulfill the program obligations as stated should this program be selected for discount or waiver of City fees.

Signature ________________________________ Date __________________________

Print or Type Name and Title ____________________________________________

Deadline for submission is March 31, 2020 (for fiscal year October 1, 2020 through September 30, 2021) and is strictly enforced.