



## City Of Gastonia

### **APPLICATION FORM IN KIND SERVICES**

#### **Application Process:**

Non-profit organizations requesting in-kind services from the City of Gastonia are required to submit a completed application. An incomplete application will not be given consideration and will be returned. Applications must be made at least 90 days prior to the event. All such applications will require City Council Approval.

#### **Please include the following information as attachments:**

- A. Organizational documents (Articles of incorporation, etc.) and proof of 501(c)(3) or non-profit status
- B. Budget for proposed event
- C. Current Board Member roster
- D. A diagram of the event venue area that clearly delineates the geographical boundaries of the event and clearly indicates the location of any temporary buildings and structures, including stages and vendor booths.

All requests will be limited to availability of funds and to the criteria set forth in the City of Gastonia's Policy for In-kind Services.

**ORGANIZATION INFORMATION**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CELL TELEPHONE:** \_\_\_\_\_

**SECONDARY CONTACT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CELL TELEPHONE:** \_\_\_\_\_

(Please type or print clearly)

1. **What type of in-kind services your organization is requesting.**

**Police (Security)** \_\_\_\_\_

**Fire/Emergency Medical** \_\_\_\_\_

**Clean up/Sanitation** \_\_\_\_\_

**Electrical Hookups** \_\_\_\_\_

**Other** \_\_\_\_\_

(If checked, give brief description of additional services)

2. **Provide the name of the event and location of the event.**

3. **Provide the date(s) of event and date(s) when services needed, if different.**

4. **How many people are expected to attend the event?** \_\_\_\_\_

- 5. How many organizer representatives, volunteer or paid staff, will you have on-site during the event?**
  
- 6. Describe the event for which services are being requested and specifically how each of the in-kind services requested will be used (except for Police support, which you should answer below in response to No. 7).**
  
- 7. If you are requesting police officers for your event, please describe the public safety issues that have a potential to occur at this event.**
  
  
  
  
  
  
  
  
  
  
- 8. Will the event require the closure of public streets?<sup>1</sup>**
  
  
  
  
  
  
  
  
  
  
- 9. What benefit will the City of Gastonia receive from this event?**
  
  
  
  
  
  
  
  
  
  
- 10. If event is a fundraiser, what will funds be used for?**

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<sup>1</sup> If so, you will need to obtain an Event Permit from the City of Gastonia Engineering Dept., Traffic Engineer.

- 11. Will the event be publicized? Yes \_\_\_ No \_\_\_**  
If so, give description of advertising used.
- 12. Will the event be open to the public? Yes \_\_\_ No \_\_\_**
- 13. A. Will alcohol be served? Yes \_\_\_ No \_\_\_**  
**B. Will alcohol be sold? Yes \_\_\_ No \_\_\_<sup>2</sup>**
- 14. List any other organizations or individuals involved in or sponsoring event.**
- 15. List all sources of funding received or requested for this event, including the amount of funding received. (e.g., admission or entry fees, donations, grants).**
- 16. Is there an outside event promoter associated with the event?**  
**Yes \_\_\_ No \_\_\_**  
If so, provide name of promoter and contact information.
- 17. The City of Gastonia expects all events to be litter-free. Describe your clean-up plans during and after the event.**

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<sup>2</sup> If so, you will need to obtain the appropriate ABC permit from the City of Gastonia A.L.E. officer.

**SUPPLEMENTAL INFORMATION**

1. **Describe the Mission of your organization. (May attach mission statement).**
  
2. **Describe target population being served by organization.**
  
3. **What is the number of clients served annually by your organization.**
  
4. **Has your organization received services from the City of Gastonia within the last 24 months? If so, describe the event, date and type of services received.**

**The undersigned certifies that the information provided above is correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**