

COMMUNITY DONATION REQUEST



Community Donation Request Policy

Overview

The City of Utqiagvik (“City” or “Utqiagvik”) has established a Community Donation Request (“CDR”) program to allow community individuals, organizations and groups to request financial support from the City for civic programs or events that contribute to the health, welfare, and overall lives of the residents of Utqiagvik. The purpose of the CDR is to advance and enhance the community’s opportunities, sustainability, and wellbeing. The City encourages projects and programs with components that foster community wellness, directly impact the community’s vulnerable populations and/or provide civic engagement of Utqiagvik residents and project beneficiaries.

Funding

The City Council has certain fiscal limitations on the aggregate amount of municipal funds it sets aside annually for donations to community projects/programs. The amount of CDR funding available to disseminate on behalf of all the applicants in each fiscal year is dictated by the amount, which is set aside by the City Council during each annual budget preparation process.

Individuals, organizations or groups should submit requests for donations as a group or organization. Having individual members of a group or organization apply for individual funding to evade the group or organizational funding limits may result in the denial of all such requests. Similarly, individuals and groups/organizations submitting requests for the same activities or purposes will be denied.

Each applicant may only receive CDR funds **once** during a rolling six (6) month period.

Individual Request Maximum Amount: \$500.00

Group Request Maximum Amount: \$1000.00

In-Kind Donations: In lieu of cash payment the City Council may provide City of Utqiagvik Swag or free city usage for birthday celebrations (i.e. free 3 hour rental for the Youth Center/Roller Rink, one month free pass for the Piuraagvik, etc.)

The City Council will attempt to balance the funds throughout the fiscal year. If there is an excess amount of unspent funds approaching the end of a fiscal year, the City Council may adjust the donation amounts that exceeds the regular maximum amounts noted above.

Funding Exclusions

CDR funds are prohibited from being used on: (a) organizations that deny service, membership, or other involvement on the basis of race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, disability, or any other protected status; (b) political causes, candidates, organizations, or campaigns; (c) sponsorship, financial support, and active involvement in any religious activity; or (d) any activity that violates local, state, or federal law.

Application Process In order to apply for CADR funding, you must:

- Applicant(s) must complete, sign, submit the CDR Application to donation@utqiagvik.us. Incomplete submissions will be returned for completion. Applications must be submitted at least ten (10) days prior to any City Council meetings. Be sure to include relevant supporting documents (budget, letter, invitation).
- Applicant(s) must attend the City Council meeting in person to answer any questions from the City Council. Please provide prompt notice if a representative is unable to attend the meeting. The application will be tabled for a future City Council meeting when a representative is available.
- Applicant(s) must have resided in Utqiagvik for at least 30 days or more.

Community Donation Request Application



Individual: Organization/Group: Date of Application: 8/14/24

Applicant Information

Name of Individual or Organization/Group: BHS Cross Country Team

Federal EIN# 92-0057754

Business License Number(s) (if applicable): ~~7080~~

Applicant Address: BHS Cross Country, 1684 OKPIK ST, Uqiaqvik AK 99723

Contact Person: Thomas Foral Email Address: Thomas.foral@nsbsd.org

Daytime Phone: (907) 852-8950 Cell Phone: (907) 319-7686

Community Donation Request ("CDR") Request Information

Amount Requested: \$ 7,080

Dates & Location of Event: 2024-2025 XC Season / Regionals @ UTQ

How many youth, adults, and or/elders are involved: Youth: 18 Adults 2 Elders: BUT we expect this # of youth to grow with start of school. Only need shoes for the kids, not adults.

Have you received CDR funds in the previous 12 months? [] Yes [X] No If yes, provide any previous dates upon which you have received CDR funds:

PROJECT SUMMARY

Please provide a comprehensive, clear, and concise response to each of the questions below.

1. Describe the overall goals, objectives, and activities to be accomplished by the proposed project: Our team has goals of physical strength in running collectively as a team unit. Also, to grow socially as a positive structure that allows youth to have a good outlook on life and to promote healthy lives.

2. List all donations received and pending from other organizations including the organization making the donation and the amount. Currently our team hasn't recieved any other donations as of yet. If we we're to recieve other donations, our funds would go directly to an account for future uses of building our Cross-Country Program at BHS. Thank You from our team.

3. Provide a proposed budget breakdown with the following information (use graph below and attach any supporting documents to this application: Proposed budget is: \$ 7,080

Item or Expense:	Cost:	Proposed Funding Source (CDR or other funds?):
20 PAIR PRACTICE SHOES	\$ 140/EA	Collective CDR DONATIONS
20 PAIR RACE DAY SPIKES	\$ 160/EA	Collective CDR DONATIONS
Shipping/Freight	\$1080.00	DONATIONS

Agreement

I affirm that my organization, group, or self has reviewed the overview and policy above, and adhere to the City of Utqiagvik guidelines related to the use of CDR funds. I affirm that any funds received have been used for their intended purposes outlined in the Application submitted.


On behalf of my organization, group, participants, and myself, I grant the City full permission to use any photographs, videotapes, video clips, or recordings relating to my/our use of CDR funds for publicity purposes by the City. I agree to submit photographs, videos, and/or testimonials of the event that the City may use for promotional purposes.

If approved, check should be made out to (name of person or entity and mailing address):

Coach (Thomas Foral) BHS Cross Country / NSBSD (see W9)

I expressly consent on behalf of all minors who participated if their image is used by the City of Utqiagvik.

Organization Name (when applicable): BHS CROSS-COUNTRY TEAM

X Signature:  Date: 8-19-24

Name & Title of Authorized Officer/Applicant: Cross Country Coach

CITY OF UTQIAGVIK | OFFICE USE ONLY

Prior year donations received, if any:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current year donations received, if any:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRS determination letter and IRS Form W-9 attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utqiagvik resident for at least 30 days or more:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Council approved: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date approved: _____	Amount approved: _____	

City of Utqiagvik
PO Box 629
Utqiagvik, Alaska 99723

BHS Cross Country
1684 Okpik Street
Utqiagvik, Alaska 99723

August 12, 2024

To COU:

We write to you as the Barrow High School Cross Country team who are seeking monetary donations for the 2024-25 season. Our goal is to get training shoes and racing spikes for the regular season meets, and Regional/State competitions. Our goal is to raise \$7,080, which is shown in the attached cart summary. The regional cross country competition is set in Barrow this year.

The budget that is allocated by the school district to the cross country program is used fully towards team travel meets, and cannot cover new gear. We plan to submit donation letters to entities throughout our community. To date, we haven't yet received any responses or donations from anyone to help fund our goal.

I am proud to say that we have a team of 15-20 students who have already shown their dedication to the cross country season, as they have started practicing during the end of the summer. In the past, our program has shown to help these kids gain personal, social, and academic confidence. Our program has also been known to help these students get into better physical shape that benefits them for the sports they join following cross country, such as wrestling, basketball, etc.

Thank you for taking the time and effort to consider our request for donation. I can be reached at thomas.foral@nsbsd.org or you can call me at (907) 319-7686 if you have any questions or concerns regarding my request.

Quyanaqpak,

Coach Thomas Foral
BHS Cross Country


Attached: Cart Summary from BSN Sports

2024-25 Budget for Cross Country Shoes & Racing Spikes
BSN Sports

ORDER SUMMARY

Merchandise Total	\$6,000.00
Estimated Freight	\$1,080.00
Tax	\$0.00
<hr/>	
Total	\$7,080.00

CART SUMMARY (40)


 **NIKE**
Nike Pegasus 41 Running Shoes

COLOR: 403 - ROY/WHT

UNIT PRICE: \$140.00

SIZE	QUANTITY
10 SKU: 430970_NKHF1536403100	5
11 SKU: 430970_NKHF1536403110	5
12 SKU: 430970_NKHF1536403120	5
13 SKU: 430970_NKHF1536403130	5

Subtotal: \$2,800.00

 **NIKE**
Nike ZoomX Dragonfly Track Distance Spikes

COLOR: 001 - BLK/GOLD

UNIT PRICE: \$160.00

SIZE	QUANTITY
10 SKU: 364244_NKDX7992001100	5
11 SKU: 364244_NKDX7992001110	5
12 SKU: 364244_NKDX7992001120	5
13 SKU: 364244_NKDX7992001130	5

Subtotal: \$3,200.00

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. North Slope Borough School District	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 169	Requester's name and address (optional)
6 City, state, and ZIP code Utqiagvik, AK 99723	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																				
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">or</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> <td style="width: 25px; height: 25px; text-align: center;">4</td> </tr> </table>	Social security number																				or										Employer identification number										9	2		-	0	0	5	7	7	5	4
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here Signature of U.S. person ▶	Date ▶ 08/08/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.