



# TAHOE CITY PUBLIC UTILITY DISTRICT Community Donation Request Form

Organization Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization's Mission/Purpose: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fed/State Tax ID/Non Profit ID: \_\_\_\_\_

Name of Event/Program: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Estimated # of TCPUD Constituents Served: \_\_\_\_\_

Estimated Time of TCPUD Facility Use (including set-up/clean-up)? \_\_\_\_\_

Donation Requested: \_\_\_\_\_

Cash Value Requested: \$ \_\_\_\_\_

Have you requested a donation from TCPUD before? Y\_\_\_ / N\_\_\_ If "Yes" – When? \_\_\_\_\_

Please provide a detailed description of your event/program? (Within the space provided below)

How does this Community Donation benefit your organization and Tahoe City Public Utility District constituents?  
(Within the space provided below)

How will the District be recognized in your program? (Within the space provided below)

Signature (Authorized Rep.): \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow 45 days for your request to be reviewed and processed.**

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*For TCPUD Use Only*

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_ Total Amount of Donation: \$ \_\_\_\_\_ Date: \_\_\_\_\_

In-Kind Type: \_\_\_\_\_ (gift certificate, equipment rental, facility rental, etc.) In-Kind Value: \$ \_\_\_\_\_

Cash Donation Value: \$ \_\_\_\_\_

Estimated TCPUD Staff Time: \_\_\_\_\_ Estimated TCPUD Staff Cost: \$ \_\_\_\_\_ Donation Form #: \_\_\_\_\_