

City of Redlands

In-Kind Support Request

m rand capport request					
Event Name:					
Event Date(s):	Location(s):				
Rain Out Date:	Beginning Time:	End Time:			
This completed form with all supporting documentation shall be submitted a minimum of 60 days prior to the scheduled event. Additional information may be attached to this application form, as needed.					
Select and Describe All City	Provided Services That Ma	ay Apply to Your Request :			
Traffic (Personnel, equipment, o	cones, barricades, no-parking				
Police (Public Safety Personne	n				
Fire (Paramedics, Inspectors)					
	Field Limbte\				
Parks (Cleanup Personnel, Ba	II FIEId LIGhts)				
Facility					
Refuse/Recycling (Event Receptacl	les, Roll-Off Service) acquired by I	Event Organizers through Redlands Customer Service			
	Recycling Plan. The Quality of Life	re more than 2,000 individuals per day will be required to submit Department may require smaller events to comply with			
Other					
Group/Organization Name:					
Is your Group/Organization a Registered Non-Profit:	Yes Non-Profit	Federal Tax ID Number:			
Does your Group/Organization Presently Have Liability Insurar	☐ Yes to provide p	advised that depending upon your request, you may be required proof of insurance coverage in an amount determined by the aming the City as an additional insured.			
Has your Group/Organization rowaivers from the City in the pas					
Primary Contact Name & Title:					
Mailing Address:					
Phone Number:	E-Mail A	Address:			

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Positive outcomes for yo organization from this	ur			
Describe what economic benefit and impact this event will bring to the Cit	y:			
support from the City to use lo	cal businesses when procurir a follow up form. Failure to	B, which encourages groups or on goods and services associated submit post event documentation	ed with the event. Receipts will on (within 15 days) may affect	
	Proposed Event	Previous Event Actuals	Vendors	
Attendance: Redlands Residents				
Attendance: Non- Residents				
Food & Beverage Sales				
Merchandise Sales				
Ticket/Entrance Fees				
Other				
Total Revenue				
I certify that all stat	tements on this application a	are true and complete to the be	st of my knowledge.	
Signature:		Title:		
Please Print Your Name:		Date:		
	To Be Completed by	the City of Redlands		
Date Received:	Re	ceived By:		
Notes:				
City Manager Approval:	y Manager Approval: City Council Approval:			