

# DICKINSON MANAGEMENT DISTRICT #1

## Serving the City and Citizens of Dickinson

### APPLICATION PROCESS FOR REQUESTING SPONSORSHIPS/GRANTS/FINANCIAL SUPPORT Educational, Civic, Social, Business, Non-Profit Organizations

1. Eligibility – Project must benefit the city or citizens of Dickinson – Educational, Civic, Social, Business.
2. Applicant must fill out the application and sign the agreement form. If applicant is applying as a non-profit organization, must include proof of Non- Profit Status.
3. (Mail the completed application, with all appropriate forms, to the President, Dickinson Management District No. 1, 4403 Highway 3, Dickinson, Tx, 77539, who will assign the request to appear on the agenda of the next regular meeting of the District and applicant will be notified to attend to present his request.)

**-OR-**

3. Applications requesting financial support may be submitted to (a) any Board Member for placement on a future agenda for consideration during a regular "District" meeting according to instructions on the Request Form, or mailed to the Management District No. 1 at City Hall. Applicant will be notified to attend the meeting to present the request and answer questions.

4. The DMD #1 Board will approve or deny the application after an approval process that includes, but is not limited to:
  - A. Review and questioning of project application and agreements by the DMD #1 Board of Directors for a vote to accept or deny.
  - B. The DMD #1 Board will only consider applications that have been properly and fully completed and which contain all information requested on the application.
  - C. No applicant has a proprietary right to receive grant funds. DMD #1 shall consider any application within its discretionary authority to determine what grant amounts would be in the best interest of the Program, the Management District, the City of Dickinson and its citizens.
  - D. The DMD #1 has final discretion with regard to funding and reserves the right to recommend modifications or reject any project or elements of any project.
  - E. If necessary, the DMD #1 Board may recess into Executive Session for discussion and upon resumption of Open Meeting, vote to accept or deny each application.
  - F. If funding is approved, the applicant will come back to the Dickinson Management District to provide a report on the use of funds within six (6) months of receipt of funding. The applicant will not be considered for additional funding requests until they provide a report on previous funding efforts.

**APPLICATION FOR REQUESTING SPONSORSHIPS/GRANTS/FINANCIAL SUPPORT**

**Date:** \_\_\_\_\_

**Organization/Business Name:** \_\_\_\_\_

**Contact Person:**  
\_\_\_\_\_

**Relationship to Organization/Business:**  
\_\_\_\_\_

**Contact Information: (Address)** \_\_\_\_\_

**Phone No. (mobile)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**E Mail:** \_\_\_\_\_

**Non-Profit: (Y) (N) - Number:** \_\_\_\_\_

**Purpose of Funding/Grant Request:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Benefit to the Community:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Sponsorship/Grant/Funding Request:** \_\_\_\_\_  
\_\_\_\_\_

Total project/event cost: \_\_\_\_\_

Is this a repeat request?

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Is the DMD the sole source of funding for the project or event?

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What are the other sources of funding for the project/event?

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Is there a fundraising goal for the project/event? If so, how much?

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**The undersigned applicant affirms that:**

1. The information in the application and all attachments are true and accurate.
2. I am not in arrears or delinquent to the DMD #1 or the City of Dickinson.
3. I fully understand the Funding Grant program procedures and requirements thereof, and agree to follow them.
4. I intend to use these funds, if awarded, for the project described in this application.

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**Signature of Applicant**

**Date:**

**Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Sponsorship/Grant/Funding Amount: \$** \_\_\_\_\_

**Check No.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documentation of Finished Project:** \_\_\_\_\_

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