



TAHOE CITY PUBLIC UTILITY DISTRICT In-Kind 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: _____

Estimated # of TCPUD Constituents served by your Organization annually: _____

In-Kind Donation Requested: _____

Name of Event/Program: _____ Location of Event: _____

Date of Event: _____ Time of Event: _____

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

Anticipated number of participants: _____

How will your event impact the facility? _____

Facility to remain open to the general public? Y ___ / N ___

Have you requested an in-kind donation from TCPUD before? Y ___ / N ___ If "Yes" – When? _____

Please provide a detailed description of your event/program that will be supported by the In-Kind Community Donation request? (Within the space provided below)

How does this In-Kind Community Donation benefit your organization and TCPUD Constituents? (Within the space provided below)

- Constituents are residents, property owners, ratepayers, business owners, and voters within the TCPUD's boundaries

Donation Form #: _____

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The sponsoring organization must agree to:

- Acknowledge donation from the Tahoe City Public Utility District where appropriate and include on all printed information and advertising related to the event for which the Donation was provided. Use of the District logo shall be subject to review and approval by the General Manager.
- Donation recipients must agree to place a banner recognizing the District's support of the event or program. This banner shall be placed at the facility for the duration of the program or event. The General Manager shall determine the verbiage of the banner. The District, in accordance with the size requirements of the event or program will provide the actual banner.
- Provide the District with whatever benefits are afforded other sponsors of similar donation levels. (i.e., logo display, sponsor table, advertising benefits, etc.).

If the recipient organization is unable to fulfil the Acknowledgement of Support terms above, the organization may become ineligible for future requests.

How will the District be recognized? (please check all that apply)

- Event/Organization website: Y___ / N___
Printed Information (poster/flyer): Y___ / N___
Advertising: Y___ / N___
Banner displayed at event: Y___ / N___
Provide District with other benefits: Y___ / N___

(Other Benefits please explain): _____

Signature (Authorized Rep.): _____ Date: _____

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

Return form to bbutterfield@tcpud.org

For TCPUD Use Only

| | |
|---|---|
| In-Kind Type: _____ (gift certificate, facility rental) | In-Kind Value: \$ _____ |
| Estimated TCPUD Staff Time: _____ | Estimated TCPUD Staff Cost: \$ _____ |
| | TOTAL Value of Donation Requested: \$ _____ |

Staff comments:

Approval: _____ General Manager

Approval: _____ Director of Parks & Recreation

Date: _____

Donation Form #: _____

After-Action In-Kind Community Donation Report

The Tahoe City Public Utility District is proud to serve your organization with an In-Kind Community Donation.

The Community Donation Agreement *requires* recipients to acknowledge the support of the Tahoe City Public Utility District where appropriate and include on all printed information and advertising related to the event for which the Donation was provided. Recipients also agree to place a banner(s) recognizing the District's support of the event or program and whatever benefits are afforded other sponsors of similar donation levels (i.e., logo display, sponsor table, advertising benefits, etc.). Please provide photos showing use of TCPUD logo and acknowledgement of sponsorship.

Please complete the following *within 60 days* of the completion of your event/donation use.

If the recipient organization is unable to fulfil the After-Action In-Kind Community Donation Report, the organization may become ineligible for future requests.

Organization Name: _____

Type of In-Kind Donation Approved: _____

Name of Event/Program: _____

Location of Event: _____

Date of Event: _____

How many people attended your event: _____

Please tell us what outreach methods were used to acknowledge the TCPUD's contribution, where these were located and how many:

Website/Social Media _____ Number of impressions (if data is available): _____

Number of banners displaying the TCPUD logo and their locations: _____

Number of printed materials displaying the TCPUD logo and their location: _____

Number of advertising materials displaying the TCPUD logo and their location: _____

Other methods: _____

Please return the completed form to: Barbara Butterfield at butterfield@tcpud.org

Donation Form #: _____