

# Request For City Commission Contingency Funds Outside Entity

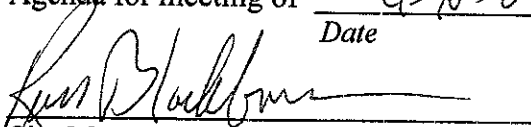
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Name of Individual Requesting Funds: Thomas Weller  
 Address: 21775 NW 154 Place, High Springs, FL 32643      Date of Request: 3/28/07  
 Telephone: (386) 454-3163

Name of Organization Requesting Funds	Kiwanis Club of the University City
Amount Requested (not to exceed \$10,000)	\$2,500.00
Expected Date of Expenditure of Funds	Prior to 5/12/07
Public Purpose <i>(use of funds must classify as a public purpose - please explain)</i>	World's Greatest Baby Shower: To help new and expecting mothers raise their children in a healthy manner and to better educate them.

Category of Request: <i>(please check one and provide name of event, program, etc and explanation)</i>		
Special Event <i>(include name and date of event)</i>	<input checked="" type="checkbox"/>	World's Greatest Baby Shower May 12, 2007
Special Project or Pilot Program <i>(include name and explanation of program)</i>	<input type="checkbox"/>	
Grant Match <i>(include name of grant, grant agency and % of matching funds needed)</i>	<input type="checkbox"/>	
Capital Donation for Non-profit organization <i>(include name of organization &amp; description of capital improvement)</i>	<input type="checkbox"/>	
Co-Sponsorship of fund-raising event <i>(include name &amp; date of event)</i>	<input type="checkbox"/>	
Other <i>(please explain)</i>	<input type="checkbox"/>	

City Manager has reviewed and accepted this request for inclusion on City Commission Agenda for meeting of 4-10-07  
Date

  
 City Manager Signature

4-10-07  
 Date