

Request For City Commission Contingency Funds Outside Entity


Name of Individual Requesting Funds: Gib Coerper, Coordinating Board Chariman
 Address: 3001 SW College Road Ocala, FL 34474 Date of Request: May 5, 2008
 Telephone: (352) 854-2322 x1535

Name of Organization Requesting Funds	Heart of Florida Regional Coalition
Amount Requested (not to exceed \$10,000)	\$2,000
Expected Date of Expenditure of Funds	June 10, 2008
Public Purpose <i>(use of funds must classify as a public purpose – please explain)</i>	Financial investment will be used by the Heart of Florida Regional Coalition to continue to provide services and coordination to the communities in the Heart of Florida region.

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>	
Special Project or Pilot Program <i>(include name and explanation of program)</i>	
Grant Match <i>(include name of grant, grant agency and % of matching funds needed)</i>	
Capital Donation for Non-profit organization <i>(include name of organization & description of capital improvement)</i>	
Co-Sponsorship of fund-raising event <i>(include name & date of event)</i>	
Other <i>(please explain)</i>	The Heart of Florida Regional Coalition requests that members of the Coalition's Coordinating Board make an annual financial investment in the Coalition.

City Manager has reviewed and accepted this request for inclusion on City Commission Agenda for meeting of 6-3-08

Date


 City Manager Signature

6-3-08
 Date