



CITY OF DORAL

APPLICATION FOR DONATION BOX OR THIRD-PARTY FUNDRAISING ACTIVITY AT CITY FACILITIES

I. APPLICANT INFORMATION

Organization Name:

Type of Organization:

- Student Initiative
- School-Based Organization
- 501(c)(3) Nonprofit
- Community Group
- Other (Explain):

Primary Contact Name:

Title:

Phone Number:

Email Address:

Mailing Address:

2. ORGANIZATIONAL VERIFICATION

Please attach the following (as applicable):

- Articles of Incorporation or school authorization letter
- IRS 501(c)(3) Determination Letter
- Florida Department of Agriculture & Consumer Services charitable registration (if required)
- Certificate of Insurance (if requested)

3. FUNDRAISING / COLLECTION DETAILS

Type of Collection:

- Monetary Donations
- Goods (Specify):

Other:

Purpose of Collection:

Intended Beneficiary(ies):

Distribution Method (How and when will items/funds be distributed?):

Requested Location(s):

City Hall

Park Facility (Specify):

Community Center (Specify):

Other:

Requested Start Date: _____

Requested End Date: _____

(Maximum duration subject to administrative approval)

4. MARKETING & COMMUNICATION

Will you promote this collection publicly?

Yes

No

If yes, attach all proposed marketing materials for review.

Applicant acknowledges:

- The City logo, seal, or branding may not be used without written authorization.
- No elected official's name, likeness, or image may be used without express written approval.
- The City will not co-brand or sponsor the collection unless approved by City Council.

5. DISCLAIMER REQUIREMENT

Applicant agrees to place the following disclaimer on all donation boxes:

"This collection is conducted by [Organization Name]. The City of Doral does not sponsor, endorse, or assume responsibility for this fundraising activity or the distribution of collected donations."

6. INDEMNIFICATION

The applicant agrees to indemnify, defend, and hold harmless the City of Doral, its officers, employees, and agents from any and all claims, damages, losses, or liabilities arising from the fundraising or collection activity.

7. CERTIFICATION

I certify that the information provided is accurate and complete. I understand that approval is at the discretion of the City and may be revoked at any time.

Signature: _____

Name: _____

Date: _____

CITY USE ONLY

Date Received: _____

Reviewed By: _____

Approved

Denied

Additional Information Requested

Approval Period: _____ to _____

City Manager or Designee Signature: _____