



## Tacoma Neighborhoods Together Application Form

### General Information about the Proposed Activity/Project

Activity/Project Name:	
Name of Individual or Group:	
Contact Name (if different than above):	
Address—Street:	
City, State:	
Zip:	
Phone Number:	
e-mail:	

### Status of Applicant (check one)

- |                                                           |                                                |
|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Neighborhood Business District   | <input type="checkbox"/> Arts Organization     |
| <input type="checkbox"/> Independent Business Association | <input type="checkbox"/> School                |
| <input type="checkbox"/> Independent Business             | <input type="checkbox"/> Non-Profit            |
| <input type="checkbox"/> Individual                       | <input type="checkbox"/> Community Group       |
| <input type="checkbox"/> Church                           | <input type="checkbox"/> Other—please specify: |
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Tacoma Neighborhoods Together is a local 501(c) 3 non-profit organization.  
 Fiscal Sponsor of the Cross District Association of Tacoma  
 PO Box 943 . Tacoma . WA . 98401

General Description of the Activity:	

How it will benefit the district or neighborhood:	

Dates of the Activity:	
Recurring: Y/N	
If yes, how often:	

**Location(s) of Primary Activity (Venue(s) of Events within the Tacoma City Limits.)**

*Attach additional pages if needed.*

Activity:	
Location Address:	
Neighborhood Business District:	

Activity:	
Location Address:	
Neighborhood Business District:	

**Funding/Sources & Uses** (please attach or provide a proposed budget).

Have you secured funding: Y/N	
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**Marketing**

How do you plan to promote your activity?	

**Management and Ongoing Maintenance**

Briefly describe:	

Do you have a project timeline: Y/N	
Briefly describe:	

**Other related activities:**

Will your event, project or activity involve any of the following features?

- Vendor booths—craft, art, informational
  - Alcohol service or sales
  - Food & beverage service or sales
  - Charge-for-admission
  - Free-admission
  - Donation-for-admission
  - Other—please specify:
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**Permitting and Approvals**

Have you acquired, or do you plan to apply for, all of the necessary permits and approvals for your event, project or activity? \*Contact CEDD staff for assistance if needed. 253-573-2523

- Liability Insurance
- Health Department
- City of Tacoma permit(s)—includes Police & Fire\*
- Washington State Liquor Control Board
- Other—please specify:

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**Required Signatures**

The signers agree to the terms and conditions set forth by Tacoma Neighborhoods Together. By signing this application form we agree to carry out the project/program as described, or provide description of changes in writing to the TNT board of directors.

Director

Date:

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Board President

Date:

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Sub-Agent Contact (if applicable)

Date:

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Budget –Example Worksheet

Sources—Income	Budget	
	Estimated	Actual
Grants		
Individual Donations		
Corporate Donations		
Community Organizations		
Government		
Vendor Fees		
<b>Total</b>		
<b>Uses—Expenses</b>	<b>Estimated</b>	<b>Actual</b>
Office Supplies		
Project Coordination		
Event Supplies		
Permit(s)		
Insurance		
License(s)		
Marketing & Promotions		
Design		
Photography & Usage Fee(s)		
Printing		
Internet/Web Site Hosting		
Concessions/Food		
List All Other Expenses Not Covered Above		
Reserves (Monies Reserved for Use in Next Calendar Year)		
<b>Total</b>		

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