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DONATION PROPOSAL APPLICATION CITY OF SAULT STE. MARIE

Application should be completed and submitted to the City Clerk's Office for processing. Please attach any supporting information as needed.

Date: _____

Applicant / Contact Person: _____

Address: _____

Phone: _____ Email: _____

Donation Type:

___ Monetary (unrestricted)

___ Service / Labor

___ Monetary (restricted)

___ Material / Equipment

___ Land / Real Property

___ Memorial Item

___ Facility Enhancement

___ Partnership

___ Other (please define): _____

Donation description:

Location (If applicable, where are you proposing to donate the item(s)? maps, photos are encouraged. Please be specific):

Amount, or value, of donation:

Is it the desire of the donor to name or rename any amenity or facility?
If yes, please explain:

☐ Yes or ☐ No

If applicable, wording on recognition if desired:

As the applicant and donor I have read and understand the City of Sault Ste Marie Donation Policy. My signature indicates the desire for the proposed donation to be considered by the City of Sault Ste Marie.

Applicant's Signature: _____ Date: _____

Thank you!

For City use only

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Donation accepted by the City of Sault Ste Marie

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Donation not accepted by the City of Sault Ste Marie

Reason(s) for not approving:

___ Endowment Required: ___%

___ Memorandum of Understand Required

___ Contingency Required: \$ _____

Application Reviewed By:
