

REQUEST FOR COUNTY ASSISTANCE TO NON-PROFIT ENTITY

1. Name of entity: _____
2. Mailing address: _____
3. City: _____ State: _____ Zip Code: _____
4. Telephone: _____

5. Type of Assistance Requested:

Monetary assistance Waiver of fees
 Temporary use of County facilities Temporary use of equipment/supplies
 Assistance of County personnel Donation of equipment/supplies
 Other (please describe): _____

6. Reason for request: _____

NOTE: Utah Code Ann. § 17-50-303 (3)(a) requires the County to receive "adequate return consideration" for any assistance given to a non-profit entity.

7. Form of return consideration to be given to Beaver County:

Volunteer at Beaver County Fair Volunteer at Council on Aging
 Volunteer at Beaver Fire Dist. #1 Volunteer at Milford Fire Dist. #2
 Volunteer at Milford Hospital Volunteer at Beaver Landfill
 Volunteer at Milford Landfill Other volunteer labor: _____

 Payment by money, goods or services (please describe): _____

Consideration met by other actions that contribute to the safety, health, prosperity, health, moral well being, peace, order, comfort, or convenience of County inhabitants (please describe): _____

9. Date of Request: _____
(Month/Day/Year)

(Signature)

(Printed name)