

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

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)