



DONATION FORM FOR PUBLIC IMPROVEMENT PROJECTS, MEMORIALS,  
TRIBUTES, WORKS OF ART  
(Including funding proposals for the above purposes)

DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hereby makes a proposal to fund and/or construct a Public Improvement Project, memorial,  
tribute, or work of art consisting of \_\_\_\_\_

\_\_\_\_\_

The intended purpose of this donation is \_\_\_\_\_

\_\_\_\_\_

Proposed location \_\_\_\_\_

Donation subject to the following restriction (if any): \_\_\_\_\_

\_\_\_\_\_

Condition, Conservation and Maintenance Requirements:

What type of materials will be used in the proposed Project? \_\_\_\_\_

\_\_\_\_\_

What is the intended life span of the Project? \_\_\_\_\_

What short and long-term maintenance may be required and what is the anticipated cost of such  
maintenance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The City of Scandia will make reasonable efforts to accommodate the intended purpose of the donation but reserves the right to utilize, relocate and/or dispose of any item through donated funds as the City of Scandia may deem fit.

This agreement shall not take effect until the City Council for the City of Scandia has specifically accepted this donation by a resolution receiving an affirmative vote of two-thirds of the Council.

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Date

Recommended:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

Accepted:

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date