City of Davis
Community Services Department
600 A Street, Suite C, Davis, CA 95616
(530) 757-5626
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www.cityofdavis.org
csweb@cityofdavis.org

Community Group Self Determination Form

Name : _____ _____ Application Date:_____
Last First
Title : _____ Email Address: _____

Organization Name: _____ Date of Event:_____

Organization Address: _____

Purpose of the organization _____

_____

The Davis City Council has approved a policy that identifies criteria for Community Group classification. This classification allows Community Groups in Davis special privileges including preferred scheduling and discounted rental rates. In order to qualify your group as a Community Group, the following criteria must be met.

Affiliation

_____ I certify that my group is located in Davis and holds a 501© State of California non-profit status, and whose primary purpose is to serve the community of Davis; or

Fed. Tax I.D.# : _____

_____ I certify that my organization is a local affiliate of a national/regional non-profit organization; or

Name of Affiliate: _____Fed Tax I.D. #:_____

_____ I certify that my organization is a recognized student organization with the University of California Davis.

Membership

_____ I certify that our membership is open to the general public.

Residency

_____ I certify that at least 50% of our membership roster are Davis residents.

The City reserves the right to request more documentation about your organization in order to substantiate your group meets these policy requirements.

By signing below I certify that the information above is accurate and true and I agree to provide any additional documentation that may be needed to make a determination. Any false information will require the group to pay the regular rate for their use to the City.

SIGNATURE: _____ DATE: _____