

# City of Loretto

279 N. Medina Street, Suite 260  
PO Box 207, Loretto, MN 55357  
[mschneider@ci.loretto.mn.us](mailto:mschneider@ci.loretto.mn.us)  
Phone: 763-479-4305 fax: 763-479-2685

## DONATION PROGRAM

### GENERAL REQUIREMENTS

Please read before completing the application

The City of Loretto's Donation Program enables people, businesses, or organizations to donate gifts for specific causes or in memory of specific persons; or to donate items, structures, etc. to the City.

Prior approval of the City must be obtained before any donations will be accepted. Approval will be based on a review by city staff as to location of structures ~ keeping in consideration maintenance needs (mowing, snowplowing, lot lines, aesthetics in the surrounding area, lighting, right-of-ways, etc.) and end cost to city (energy, upkeep, replacement, or any insurance needs).

The Donor shall be solely responsible for purchasing and/or acquiring any items to be donated.

### DESCRIPTION OF DONATION

Please describe the item you would like to donate. Photo attached \_\_\_\_Yes \_\_\_\_No

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Plaque saying (if applicable): \_\_\_\_\_

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If there is a preferred location you would like the donated item to be placed within the City, please describe.

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If you would like to make a cash donation, please indicate the amount: \$ \_\_\_\_\_

### DONOR'S INFORMATION

Donor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Organization associated with (if applicable): \_\_\_\_\_

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## DONATION PROGRAM

### CITY REVIEW – FOR CITY USE ONLY

Application reviewed by: \_\_\_\_\_

Location: \_\_\_\_\_

Mowing issues: \_\_\_\_\_

Snowplow issues: \_\_\_\_\_

Lot lines/right-of-way clear: \_\_\_\_\_

Fit in with surroundings: \_\_\_\_\_

Additional expenses for the City: \_\_\_\_\_

Energy costs: \_\_\_\_\_

Maintenance/Replacement costs: \_\_\_\_\_

Insurance needs: \_\_\_\_\_

### CONCLUSION – FOR CITY USE ONLY

Donation approved \_\_\_\_\_ Not approved \_\_\_\_\_

Conditions/Reasons: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This will be presented to council as an informational item at the \_\_\_\_\_ (date) council meeting.

### DONOR AGREEMENT (if approved)

By signing below donor agrees to the conditions listed in the above CONCLUSION section.

Donor's signature: \_\_\_\_\_ Date: \_\_\_\_\_