



Sponsorship/Donation Application

For information regarding the City's policies and procedures for sponsorship/donation, please see City Council Policy 2015-CCP-02.

1. Type of Sponsorship Requested		
Application Date	<input type="checkbox"/> In-Kind/Fee Waiver <i>Must complete sections 1 – 7</i>	<input type="checkbox"/> Cash Amount Requested: \$ _____ <i>Must complete <u>all</u> sections</i>
<input type="checkbox"/> In-Kind/Fee Waiver for school or school-related group <i>Must complete sections 1 – 5</i> Please indicate types of in-kind sponsorship sought: <ul style="list-style-type: none"> <input type="checkbox"/> Park reservation certificate <input type="checkbox"/> Community Room reservation certificate <input type="checkbox"/> Certificate for event with the Mayor 	<input type="checkbox"/> \$250 cash or less for school or school-related group <i>Must complete sections 1 – 5</i> Amount Requested: \$ _____	
2. Organization/Group Details		
Registered Name of Organization:		
Doing Business As:		
Contact Name:	Contact Title/Position:	
Mailing Address:		
City:	State:	Zip:
Email:		
Organization or Event Website:		
Bus Ph#:	Cell #:	
3. Not-For-Profit Status <i>(must be non-profit to receive sponsorship/donation – please attach documentation to application)</i>		
Not-For-Profit <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered in Colorado <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Not-For Profit for Tax Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Exempt No.:
Mission/Purpose of the Organization <i>(attach additional documentation if needed):</i>		
4. Program/Event Details <i>(if this for a cash donation unrelated to an event, please skip to section 10)</i>		
Name of Program/Event:		
Type of Program/Event:		
Event or Program Mission/Purpose <i>(attach additional documentation if needed):</i>		
Is this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who will receive the proceeds?	Fundraising recipient's 501(c)3 Number
Event Address:		

Event Date(s):		
Event Time(s):	am/pm to am/pm	Expected Number Participants:
<i>Please attach a schedule detailing major portions of the event, if applicable</i>		
Event Open to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this event been previously held? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of previous occurrences
5. Benefits Proposal		
Check all of the proposed benefits, goods and/or services the City would receive if approved.		
<input type="checkbox"/> Booth/table at event	<input type="checkbox"/> Verbal recognition at event	<input type="checkbox"/> Recognition in social media
<input type="checkbox"/> Banner at event	<input type="checkbox"/> Event tickets/free admission	<input type="checkbox"/> VIP tickets/admission
<input type="checkbox"/> City logo on marketing materials	<input type="checkbox"/> City logo on website	<input type="checkbox"/> Other (please list below or attach)
6. Event Promotion/Marketing		
Please list how the program/event will be promoted, including both digital and/or print methods <u>and</u> attach copies of available materials. Materials from previous occurrences of the event may be used if similar to marketing planned for current event.		
7. Insurance		
Does the organization/group possess General Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A copy of the certificate must be supplied with this application.</i>		
8. Event Budget and Funding (required only for cash requests)		
Please include detailed breakdown of budget with application, including total anticipated expenditures.		
How is the event being funded? <i>Please list all types, including sponsorships, vendor fees, ticketing, etc.</i>		
Please list all event fees that will be charged below, including registration, entry, spectator, vendor sign-up, parking, etc.		
Please list all Sponsors and Sponsor Contributions. For additional sponsors, please attach typed list.		
Sponsor Name	Sponsor Contribution (In-Kind or Cash Amount)	
9. Event Booths (required only for cash requests)		
Vendor/Sponsor Booths at the Event <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Booths	Will they be selling products and/or services? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the types of products and/or services that will be sold.

10. Exception Criteria (required only for cash requests)

- In general, the City does not provide monetary donations/sponsorships. Please attach a typed statement detailing the following:
1. Why your organization is seeking a donation from the City.
 2. Financial breakdown detailing how the requested funds would be utilized for programs, services, materials and/or other items.
 3. Please explain how the requested funds meet the following criteria (as applicable):
 - a. Broad community impact and/or Centennial identity building
 - b. Approximate number of Centennial citizens benefited
 - c. Benefit to the economic health of the community

11. Required Attachments (required only for cash requests)

Please indicate below which attachments are being provided with the application. Handwritten attachments will not be accepted.

<input type="checkbox"/>	501(c)3 Copy or Letter of Determination of Exempt Status	<input type="checkbox"/>	Event Schedule
<input type="checkbox"/>	Marketing Materials	<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Event Budget Detail	<input type="checkbox"/>	Exception Criteria

The City reserves the right to request additional information that is not required in this application.

As duly authorized representative for the applicant, I certify that the information contained on this application is true and correct to the best of my knowledge. I further certify that I have reviewed City Council Policy No. 2015-CCP-02 Concerning Requests for City Donation or Sponsorship from Outside Organizations and Agencies.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Office Use Only		
Date Received:	Date Staff Review:	Reviewed By:
Information Missing:		Administrative Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Youth Commission Review Date:	Youth Commission Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
In-Kind Items Awarded:		
Council Review Date:	Council Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Funds Awarded: