

EVENT SPONSORSHIP



2017 FUNDING APPLICATION

Please complete all information; do not leave any spaces blank.

Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

APPLICANT INFORMATION

Name Organization		Federal Tax ID Number	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Sponsorship Funding Amount Requested	\$	Years Event Received Funds	
Event Contact			
Name	_____	Office Phone Number	_____
Title	_____	Fax Phone Number	_____
Email Address _____			
A Certificate of 501(c) (3) status from the IRS must accompany the application form			
Please Provide a Brief Description About Your Organization			

EVENT OVERVIEW

Name of Event _____					
Event Date(s) _____					
Event Location _____		Private Property	<input type="checkbox"/>	Public Property*	<input type="checkbox"/>
Event Start Time _____		Event End Time _____			
Admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost	_____	
<i>*If this event is taking place on City of Chandler public property, a Special Event Application must be submitted with this application.</i>					
Anticipated Attendance					
Participants _____		Spectators _____			
Audience Demographics					
Event Co-Organizers (These are additional organizations assisting in producing this event)					
Will you have event co-organizer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list below...					

EVENT HISTORY

Is this considered to be an annual event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event...	<input type="checkbox"/> New	<input type="checkbox"/> Recurring
Years in existence	_____	
Average Attendance 2015-2016	_____	2016-2017 _____

EVENT HISTORY CONTINUES

Previous Event Highlights...Please Describe

Past Event Media Coverage...Please Describe (Include any mention of the City of Chandler coverage)

GENERAL EVENT INFORMATION

Please provide a comprehensive description of all event activities and entertainment.

What makes your event unique?

What is the theme of your event?

BENEFITS TO THE CHANDLER COMMUNITY

Will a commercial agency receive any portion of the gross revenues? Yes No

If yes, what is the percentage? _____

Will the donated proceeds for this event be divided between organizations? If yes, specify percentage split.

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How does this event enhance pride and a sense of community?

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What cultural and/or educational impact will your event have on the Chandler community and how will it demonstrate it's unique diversity, history and heritage?

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Please describe the economic impact to the City of Chandler attributable to the event. (i.e. hotel rooms booked, sales tax generated from retail sales, spending habits of participants and spectators, etc.)

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EVENT SPONSORSHIP/CONTRIBUTORS

Please complete the following... (Do not include any items received from City of Chandler)

Event Sponsors/Contributors

What are they providing?

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CITY OF CHANDLER

What services are being requested from the city for the event to take place? (i.e. police, fire, water, etc..)

Will you be requesting the use of the City's logo? Yes No

If yes, list items you will use the logo on. Provide samples if available.

Will the City receive signage opportunities at the event? Yes No

If yes... Quantity _____
 Type _____
 Location _____

What additional money, services or donations is this event receiving from other departments, divisions or agencies within the City of Chandler during the Fiscal Year 2017-2018? Please list below...

<u>Item(s) Received</u>	<u>Department/Division</u>		
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____

EVENT MARKETING/PUBLICITY

Please describe your event marketing and publicity plan. (Include any current promotional materials)

How will your sponsors be identified in this event marketing and publicity plan?

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth in the handbook. Information from this application is considered public information and may be distributed to outside agencies at their request. Acceptance of this application should in no way be construed as final approval or confirmation of this request. The City of Chandler reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Chandler.

Authorized Agent/Event Chairperson Name (PRINT)

Signature

Title

Date