

CITY OF EL CENTRO COMMUNITY SPONSORSHIP PROGRAM APPLICATION

APPLICANT INFORMATION:								
(Applicant is the contact person for City officials and must be at least 18 years of age.)								
Organization Name:								
Non-Profit ID # / 501(C) 3 #:								
Contact Person:								
Address:								
(Street Number) (Street Name	e) (City)	(City) (State) (Zip Code)						
Phone:	ne:Cell / Pager:							
E-mail:								
Amount Requesting From Community Sponsorship Fund: \$								
TYPE OF EVENT: (check one)								
Promotional EventCultural EventAthletic Event	Educational EventEntertainment EventOther							
EVENT INFORMATION:								
Event Name:								
Event Date:	Time of eve	ent:	_(Begin)	(End)				
Event Address:								
(Location Name)	(Street Number)	(Street Name)	(City)					
EVENT DESCRIPTION:								
Purpose:								
Activities Planned:								
Amount of People Expected:								
Other Information:								
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								

Applicant's Signature:______Date:_____



CITY OF EL CENTRO COMMUNITY SPONSORSHIP PROGRAM APPLICATION CHECK LIST

DOCUMENT	S THAT MUST BE INCLUDED WITH APPLICATION:
	Pre-Program Financial Affidavit (Indicating proposed profit or loss, income from all sources, all expenditures, in-kind contributions, all sponsorship contributions, volunteers etc)
	Statement from Authorizing Agent (Indicating that admission to the event is free and open to the public, and explaining how the program will benefit El Centro residents.)
	Current Proof of 501(C) 3 (Or proof that a 501(C) 3 organization is a recipient of the program proceeds.)
	Program Sponsorship Package or Statement (Indicating the City of El Centro's sponsorship benefits.)
	Organization's Mission Statement (Purpose and goals of the organization.)
	Copy of Current Business License
DOCUMENT	S THAT MUST BE SUBMITTED AT LEAST 45 DAYS BEFORE THE PROGRAM:
	Proof of all Permits, Clearances, Insurances, and Program Authorizations (Within time restraints in compliance with the Code of the City of El Centro, policies and Special Event Policy requirements.)
DOCUMENT	S THAT MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE PROGRAM:
	Post Program Financial Affidavit (Indicating actual profit or loss, income from all sources, all expenditures, In-Kinds contributions, all

sponsorship contributions, volunteers etc...)

FOR CITY OF EL CENTRO OFFICIAL USE ONLY



COMMUNITY SPONSORSHIP PROGRAM APPLICATION REVIEW FORM

Program Name:Program Date:	City Manager's Review Date:
	OCUMENTS SUBMITTED: plication: ys before program:
MAYOR'S REVIEW: Approved Forward to City Council for Cor Denied	esideration
Mayor's Authorization Signature	
<u>CITY S</u>	PONSORSHIP SUMMARY:
City Council Date:	☐ Approved ☐ Denied
Cash Sponsorship Amount: \$	
	P.O #:



Pre-Program Financial Affidavit

and other	Current Year :		Previous Vea	Previous Year:	
Income	Current rear	Totals	T Tevious Tea	Totals	
Individual Donations		Totalo		Totalo	
Corporate Donations					
Registration fees					
Other (specify)					
Total Income		\$		\$	
		*		1 *	
Expenses		Totals		Totals	
Total Expenses		\$		\$	
Comments:					