**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.)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name:</td>
<td></td>
</tr>
<tr>
<td>Non-Profit ID # / 501(C) 3 #:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>(Street Number)</td>
<td>(Street Name)</td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell / Pager:</td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Amount Requesting From Community Sponsorship Fund:</td>
<td>$</td>
</tr>
</tbody>
</table>

**TYPE OF EVENT:**  
(check one)

- [ ] Promotional Event
- [ ] Educational Event
- [ ] Cultural Event
- [ ] Entertainment Event
- [ ] Athletic Event
- [ ] Other _________________________________________

**EVENT INFORMATION:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Name:</td>
<td></td>
</tr>
<tr>
<td>Event Date:</td>
<td>Time of event: (Begin) (End)</td>
</tr>
<tr>
<td>Event Address:</td>
<td>(Location Name) (Street Number) (Street Name) (City)</td>
</tr>
</tbody>
</table>

**EVENT DESCRIPTION:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td></td>
</tr>
<tr>
<td>Activities Planned:</td>
<td></td>
</tr>
<tr>
<td>Amount of People Expected:</td>
<td></td>
</tr>
<tr>
<td>Other Information:</td>
<td></td>
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</tbody>
</table>

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: ___________________________
DOCUMENTS 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.)

DOCUMENTS 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.)

DOCUMENTS 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… )
Program Name: __________________________________________

Program Date: _______________________________ City Manager’s Review Date: __________________________

DOCUMENTS SUBMITTED:

Documents that must be included with application:

☐ Pre-Program Financial Affidavit
☐ Statement from Authorizing Agent
☐ Current Proof of 501(C) 3
☐ Program Sponsorship Package
☐ Mission Statement

Documents that must be submitted 45 days before program:

☐ Proof of Permits __________________________
☐ Proof of Clearances _______________________
☐ Proof of Insurance _________________________
☐ Program Authorizations ____________________
☐ Other _________________________________

MAYOR’S REVIEW:

☐ Approved
   Forward to City Council for Consideration

☐ Denied
   Reason: ______________________________________

Comments: ______________________________________

Mayor’s Authorization Signature ____________________________ Date _________________

CITY SPONSORSHIP SUMMARY:

City Council Date: _____________________________ ☐ Approved ☐ Denied

Cash Sponsorship Amount: $ _________________________

Requisition Process Date: ________________________ P.O #: ___________________