



CITY OF EL CENTRO  
COMMUNITY SPONSORSHIP PROGRAM  
IN-KIND 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) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

Value of In-Kind Sponsorship Request: \$ \_\_\_\_\_

**TYPE OF EVENT:**

*(check one)*

- Promotional Event
- Cultural Event
- Athletic Event

- Educational Event
- Entertainment Event
- Other \_\_\_\_\_

**EVENT INFORMATION:**

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Time of event: \_\_\_\_\_ (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**



**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... )*

**FOR CITY OF EL CENTRO  
OFFICIAL USE ONLY**



**COMMUNITY SPONSORSHIP PROGRAM  
APPLICATION REVIEW FORM**



**Program Name:** \_\_\_\_\_

**Program Date:** \_\_\_\_\_ **Comm. Svcs. Director'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 \_\_\_\_\_

**PARKS AND RECREATION DIRECTOR'S PROGRAM REVIEW:**

- Approved**  
Without Reservations
- Approved**  
With Reservations: \_\_\_\_\_
- Denied**  
Reason: \_\_\_\_\_
- Revoked**  
Reason: \_\_\_\_\_

**Special Requirements / Comments:** \_\_\_\_\_

\_\_\_\_\_  
**Community Services Director's Authorization Signature** \_\_\_\_\_  
**Date**

**CITY SPONSORSHIP SUMMARY:**

Date Reported to City Council as an Informational Item: \_\_\_\_\_

Final In-Kind Sponsorship Amount: \$ \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/19/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| <b>PRODUCER</b><br><br><b>INSURED</b> | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____ <b>COM:</b> _____<br><hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; border-bottom: 1px solid black;">NAIC #</th> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F :</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A : |  |  | INSURER B : |  |  | INSURER C : |  |  | INSURER D : |  |  | INSURER E : |  |  | INSURER F : |  |  |
|---------------------------------------|--|-------------------------------|--|--------|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURER(S) AFFORDING COVERAGE         |  | NAIC #                        |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER A :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER B :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER C :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER D :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER E :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
| INSURER F :                           |  |                               |  |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |

**COVERAGES** **CERTIFICATE NUMBER:** 21-22 GL **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL | SUBR | INSD | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|------|------|------|-----|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LO<br>OTHER: _____ |      |      | Y    |     |               | 01/01/2021              | 01/01/2022              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>SEXUAL ABUSE \$ 100,000<br>COMBINED SINGLE LIMIT (Ea accident) \$ _____<br>BODILY INJURY (Per person) \$ _____<br>BODILY INJURY (Per accident) \$ _____<br>PROPERTY DAMAGE (Per accident) \$ _____ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY   |      |      |      |     |               |                         |                         | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N  |      | N/A  |     |               | 06/07/2020              | 06/07/2021              | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| A        | Accident/Medical  |      |      |      |     |               | 01/01/2021              | 01/01/2022              | Limit \$50,000   |



**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 City of El Centro their agents, directors, officers, servants and employees is added as additional insured to the General Liability Policy per the attached form#CG 20 26 (4/13) subject to the terms, conditions and exclusions of the policy. A written contract is required for the additional insured to be valid.

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>City of El Centro<br>1275 W. Main St.<br><br>El Centro CA 92243 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|--|--|