



COMMUNITY SPONSORSHIP APPLICATION FORM

Name of Organization _____ Non-Profit ID/ 501 C# _____

Mailing Address _____ City/State/Zip _____

Contact Person _____ Phone _____ Email _____

Organization Purpose/Mission _____

Type of Sponsorship Requested:

☐ In-kind services – Provide a description of the in-kind services requested: _____

☐ Funding – Amount requested (\$1,500 maximum): _____

Type of Organization:

☐ Non-Profit (located and/or primarily serves residents within the City of Marysville)

☐ Educational Institution

☐ Local business (located within City of Marysville city limits)

Location of local office or headquarters: _____

Event or Program details:

Date and time of Event or Program start date: _____

Expected number of participants will attend your event or participate in your program: _____

Will your event be open to the public? _____

Will there be any financial charge to those attending? _____ If so, how much? _____

What is the main purpose of your event or program? _____

Please explain how your event meets one or more of the sponsorship criteria below:

- Boosts the local Marysville economy: _____

- Provides an opportunity to help build community, foster a sense of pride within our community, and engage our community: _____

This application must be in the possession of the City Manager by 4:00 pm March 31st, annually.

- Contributes positively to the recognition and image of the City of Marysville: _____

Other Considerations:

☐ I understand that if the City agrees to sponsor the event, I will acknowledge the sponsorship on all printed information or advertising related to the event using a message approved by the City and provide any written marketing material to the City prior to distribution of event materials.

☐ I understand that if the City agrees to sponsor the event, appropriate ADA accessibility will be provided.

☐ I understand that sponsorship is optional, and the City can deny this sponsorship application.

Signature of Applicant _____ Date _____

Print Name of Applicant _____

****Please attach an outline of the event or program marketing plan. This application will be deemed incomplete without this attachment and will not be presented to Council for funding options.**

Amount funded/granted by Council: \$ _____ at meeting date: _____