



COMMUNITY SPONSORSHIP APPLICATION FORM

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

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)

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: _____

- 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.

This application must be in the possession of the City Manager by 4:00 pm November 20, 2020.

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 _____

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