



**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) (City) (State) (Zip Code)

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

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

**Amount Requesting From Community Sponsorship Fund:** \_\_\_\_\_ \$

**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: \_\_\_\_\_



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APPLICATION CHECK LIST**

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**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:** \_\_\_\_\_ **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 #: \_\_\_\_\_