



**CITY OF EL CENTRO  
COMMUNITY SPONSORSHIP PROGRAM  
IN-KIND APPLICATION**



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

- |  |  |
|--|--|
| <input type="checkbox"/> Promotional Event | <input type="checkbox"/> Educational Event   |
| <input type="checkbox"/> Cultural Event    | <input type="checkbox"/> Entertainment Event |
| <input type="checkbox"/> Athletic Event    | <input type="checkbox"/> Other _____         |

**APPLICANT INFORMATION:**

(Applicant is the contact person for City officials and must be at least 18 years of age.)

Applicant's Name: \_\_\_\_\_

Non-Profit ID # / 501(C)3 #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number) (Street Name) (City) (State) (Zip Code)

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

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

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

**TYPE OF SPONSORSHIP REQUESTED:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Police Services   | <input type="checkbox"/> Fire / Medical Services | <input type="checkbox"/> Parks / Facility Usage |
| <input type="checkbox"/> Street Barricades | <input type="checkbox"/> Waver of Fees: _____    | <input type="checkbox"/> Other: _____           |

Explanation of Sponsorship Requested: \_\_\_\_\_

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: \_\_\_\_\_



RELEASE OF LIABILITY/HOLD HARMLESS AGREEMENT



\_\_\_\_ (“Applicant”) shall indemnify, defend, and hold harmless the City of El Centro (“City”), its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, or violation of any relevant federal, state or local law or ordinance, or other cause, including liability for injuries to any person or persons or damage to property arising at any time during and/or arising out of or in any way connected with Applicants’ use or occupancy of City property or services, pursuant to this Community Sponsored Event/Program, unless solely caused by the gross negligence or willful misconduct of City, its officers, employees, or agents. Applicant shall report any personal injuries or property damage arising at any time during and/or arising out of or in any way connected with Applicants’ use or occupancy of City’s facilities or services to the City, in writing and as soon as practical.

Applicant waives any right of recovery against the city, its officers, employees, and agents for fires, floods, earthquakes, civil disturbances, regulation of any public authority, and other causes beyond their control. Appliance waives any right of recovery against the City, its officers, employees, and agents for indemnification, contribution, or declaratory relief arising out of or in any way connected with Applicant’s use or occupancy of City property or services, even if the City, its officers, employees, or agents seek recovery against Applicant.

Applicant shall at all times while providing the aforementioned services, operations event or use of City property or services, maintain comprehensive general liability insurance in the amount of \$1,000,000 per occurrence/\$2,000,000 general aggregate, and pursuant to the terms and conditions set forth herein. Applicant must provide to City a Certificate of Insurance, in a form satisfactory to the City.

All insurance companies shall be required to add City, its officers, agents and employees as additional insured by endorsement under the insurance policy and shall stipulate that this insurance policy will operate as primary insurance under this Agreement and that no other insurance affected by City or other names insured will be called upon to contribute to a loss covered thereunder. The policy shall contain no special limitations on the scope of protection afforded to City, its officers, employees or agents unless approved in writing by City. All insurance companies affording coverage to Applicant shall be insurance organizations authorized by the Insurance Commissioner to transact the business of insurance in the State of California. All insurance companies affording coverage shall provide thirty (30) days written notice by mail to City should the policy be canceled or reduced in coverage before the expiration date, except for non-payment of premiums in which case ten (10) days written notice shall be provided. For the purpose of this notice requirement, any material change prior to expiration shall be considered cancellation.

Acceptance of insurance certificates required under this Agreement does not relieve Applicant from liability under this Agreement. This Agreement shall apply whether or not such insurance policies have been determined to be applicable to any of such damages or claims for damages. Applicant shall reimburse City for all costs and expenses (including but not limited to fees and charges of attorneys, other professionals and court costs) incurred by City in enforcing the provisions of this Agreement.

IN WITNESS WHEREOF, \_\_\_\_\_ has made and entered into this Agreement with the City of El Centro as of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_ (Applicant’s Signature) \_\_\_\_\_ (Name/Title)

APPLICANT INFORMATION: PLEASE PRINT OR TYPE CLEARLY: Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Applicant’s Name: \_\_\_\_\_ (Applicant is the contact person for City Officials and must be at least 18 years of age.) Name of Organization (if applicable): \_\_\_\_\_ Mailing Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city/state/zip) Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ (optional)



**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.)*

**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 45 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:** \_\_\_\_\_ **P&R Director's Review Date:** \_\_\_\_\_

**Type of Sponsorship Requested:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Police Services   | <input type="checkbox"/> Fire / Medical Services | <input type="checkbox"/> Parks / Facility Usage |
| <input type="checkbox"/> Street Barricades | <input type="checkbox"/> Waiver of Fees: _____   | <input type="checkbox"/> Other: _____           |

**Explanation of Sponsorship Requested:** \_\_\_\_\_

**DOCUMENTS SUBMITTED:**

Documents that must be included with application:

- Pre-Program Financial Affidavit
- Statement from Authorizing Agent
- Current Proof of 501© 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 & RECREATION DIRECTOR'S PROGRAM REVIEW:**

- Approved** (Without Reservations)
- Approved** (With Reservations:) \_\_\_\_\_
- Denied** (Reason:) \_\_\_\_\_

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

\_\_\_\_\_  
**Parks & Recreation Director's Authorization** **Date** \_\_\_\_\_

**CITY SPONSORSHIP SUMMARY:**

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

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