



**CITY OF SALINAS  
COMMUNITY SPONSORSHIP  
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:** \_\_\_\_\_

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

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

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

V. Budget

Please complete the budget table below.

Expenditures (itemize)	Amount
Total	
Revenue	Amount
City Contribution (Request)	
Other	
Total	

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: \_\_\_\_\_



## COMMUNITY SPONSORSHIP APPLICATION CHECKLIST

### **DOCUMENTS THAT MUST BE INCLUDED WITH APPLICATION:**

- ☐ **Statement from Authorizing Agent**  
*(Indicating that admission to the event is open to the public and explaining how the program will benefit Salinas residents)*
- ☐ **Current Proof of 501(c) 3** (if applicable)  
*(Or proof that a 501(c) 3 organization is a recipient of the program proceeds)*
- ☐ **Budget**

### **DOCUMENTS THAT MUST BE SUBMITTED AT LEAST 45 DAYS BEFORE THE PROGRAM:**

- ☐ **Proof of all Permits, Clearances, Insurances, and Program Authorizations as applicable**  
*(Within time restraints in compliance with the Code of the Salinas, policies and Special Event Policy requirements)*

### **DOCUMENTS THAT MUST BE SUBMITTED PRIOR TO FUNDING BEING RELEASED.:**

- ☐ **Funding Agreement**

**FOR SALINAS**  
**OFFICIAL USE ONLY**

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

Program Date: \_\_\_\_\_ City Manager's Review Date: \_\_\_\_\_

**DOCUMENTS SUBMITTED:**

Documents that must be included with application:

- ☐ Statement from Authorizing Agent
- ☐ Current Proof of 501(C) 3
- ☐ Program Sponsorship Package (if applicable)
- ☐ Mission Statement/Purpose and goals of the organization

Documents that must be submitted 45 days before program:

- ☐ Proof of Permits \_\_\_\_\_
- ☐ Proof of Clearances \_\_\_\_\_
- ☐ Proof of Insurance \_\_\_\_\_
- ☐ Program Authorizations \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**CITY MANAGER'S REVIEW:**

- ☐ **Approved**  
Forward to City Council for Consideration
- ☐ **Denied**  
Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
**City Manager's Signature**

\_\_\_\_\_  
**Date**

**CITY SPONSORSHIP SUMMARY:**

City Council Date: \_\_\_\_\_

☐

Approved

☐

Denied

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

Invoice/Journal Entry Process Date: \_\_\_\_\_ P.O. No (if applicable): \_\_\_\_\_