

CITY OF SALINAS COMMUNITY SPONSORSHIP APPLICATION

Return application to:
City Manager's Office, 200 Lincoln Avenue Salinas, CA 93901
or Email to CommunitySponsorship@ci.salinas.ca.us

APPLICANT INFORMATION: (Applicant is the contact person for City officials and must be at least 18 years of age.)			
Organization Name:			
Entity Status:			
Primary Contact:			
Address:			
Address: (Street Number)	(Street Name) (Cit	(State)	(Zip Code)
Phone:	Cell:		
E-mail:			
Amount Requesting from Community Sponsorship Program: \$			
TYPE OF EVENT: (check all that apply)			
Promotional EventCultural EventAthletic Event		al Event nent Event	
EVENT INFORMATION:			
EVENT INFORMATION:			
Event Name:			
Event Date:	Time of ev	vent:	_(Begin)(End)
Event Location: (Venue Name)			
(Venue Name)	(Street Number)	(Street Name)	(City)
EVENT DESCRIPTION:			
Purpose:			
Activities Planned:			
Amount of People Expected:			
If additional space is needed, please attach separate page.			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			

Date:

Applicant's signature:



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 event will benefit Salinas residents)
	Current Proof of Organizations Non-Profit Status (if applicable) (Or proof that the non-profit organization is a recipient of the program proceeds)
	Program Sponsorship Package or Statement (Indicating the Salinas sponsorship benefits)
DOCUMENT	S THAT MUST BE SUBMITTED BEFORE THE EVENT:
	Proof of all Permits, Clearances, Insurances, and Event Authorizations (In compliance with the Salinas Municipal Code and Special Event Policy)
DOCUMENT	S THAT MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE EVENT:
	After Action Program/Event Summary & Expense Report (In compliance with Community Sponsorship Policy Section 6)