



## Advertising/Donation Application

Committee meets March 1, June 1, September 1, and December 1

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Main Program Contact: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN#: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_

What best describes your organization (please check one):

- 501(c)3
- Nonprofit Organization Registered with the Secretary of State
- For Profit
- Other

Please describe your organization and who benefits from your efforts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Details (if applicable)

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years in Existence: \_\_\_\_\_ Date of Event: \_\_\_\_\_ How many days will the event last? \_\_\_\_\_

Total Funds Requested: \_\_\_\_\_ Or are you requesting in-kind product: \_\_\_\_\_

Has this event been funded by a company above before?  yes  no

If not an event, please describe the reason you are requesting funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If advertising opportunities are part of your application:

What type of advertising will be available? \_\_\_\_\_

How many people will see our advertisement? \_\_\_\_\_

What demographic will see our advertisement? \_\_\_\_\_

What is the intended use for the funds requested? \_\_\_\_\_