SPONSORSHIP REQUEST FORM

Sponsorship requests are limited to one per calendar year per organization

# APPLICANT INFORMATION

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

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ED Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Incorporation in CT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLEASE ANSWER THE FOLLOWING

1. State your organization’s mission:
2. Have you received a IANH sponsorship in the past? No Yes
	1. If yes, what year: \_\_\_\_\_\_ How much: \_\_\_\_\_\_
3. Sponsorship Request Amount: \_\_\_\_\_\_\_\_\_\_
4. Describe your request. Include the nature of the program or event for which you seek support and number of people to be served or engaged. You may attach additional material, if needed.
5. Attach program or event budget to this form.

Should you receive a sponsorship grant, the International Association of New Haven must be credited in all publicity for the program or event. The IANH logo is available upon request for this purpose.

A final report is required at the completion of the sponsored program or event. No future request will be considered until this report is received.

AUTHORIZATION

*The undersigned certifies that they are authorized to represent the organization applying for a sponsorship grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization: (1) the sponsorship funds will be used for the purpose described in this application and may not be expended for any other purpose without prior written approval from the International Association of New Haven, (2) The International Association of New Haven has received nothing of material value in exchange for the grant, and (3) information about the organization and the sponsorship may be used by the International Association of New Haven any published materials.*

Signature of Executive Director or Board Chairperson Date