



## Sponsorship Application Form

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

**PLEASE ANSWER ONLY QUESTIONS THAT APPLY:**

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Have you received a sponsorship through the Foundation before? \_\_\_\_\_ When? \_\_\_\_\_

What % of this project will serve Greater Osceola County? \_\_\_\_\_% the Celebration Community \_\_\_\_\_%

Amount requested: \$ \_\_\_\_\_

Brief description of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach a separate sheet of paper if needed)

How will you implement the project? \_\_\_\_\_

How will you promote the project? \_\_\_\_\_

Do you need additional funds to complete the project? \_\_\_\_\_

What additional funding has been received? \_\_\_\_\_ From who? \_\_\_\_\_

If no additional funding has been received, on a separate sheet, please explain how you plan to raise the balance. Identify the funding sources you plan to contact and detail your proposed target dates for completing fundraising.

Please note that an important part of the Celebration Foundation's criteria for evaluating grants is the applicant's ability to carry out the proposed project within a clearly defined timeframe. Please be sure that you have attached a detailed budget that outlines all funding sources and projected expenses.

When do you need the funds by, and what flexibility do you have? (Date): \_\_\_\_\_

Your organizations annual budget? \_\_\_\_\_

Does your organization have a 501(c) 3 status? \_\_\_\_\_

**Signature of responsible officer of organization:** \_\_\_\_\_

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

**Please answer the following questions to the best of your ability. Feel free to use additional pages.**

**1. Number of people who will be served by this sponsorship:** \_\_\_\_\_

**2. Number of staff involved in your program/project:** \_\_\_\_\_

**3. Explain the importance of your project to the community.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Explain how to plan to implement your project.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. What other organizations are helping complete your budget for this program/project?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. What kind of visibility in the community do you expect from your program/project?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Please state how this program/project aligns with the Celebration Foundation values:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Application must be received by the *THIRD Thursday of the month* for review the following month.**