



## COMMUNITY SPONSORSHIP APPLICATION

Please print. ALL information must be complete before application is considered.

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

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact phone number(s): Business ( ) \_\_\_\_\_  
Residence ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Type of organization: Corporation \_\_\_\_\_  
Not-for-profit \_\_\_\_\_ (registered:  YES  NO)  
Registered Charity \_\_\_\_\_  
Other \_\_\_\_\_

Revenue Canada Charitable Registration Number \_\_\_\_\_

Describe your organization's purpose and activities (attach additional information as appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

Date organization established: D\_\_\_\_\_M\_\_\_\_\_Y\_\_\_\_\_

Number of paid staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Number of members: \_\_\_\_\_

Board of Directors of your organization:

<u>NAME</u>	<u>POSITION</u>	<u>COMMUNITY AFFILIATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all types **and levels** of funding your organization receives

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is your organization part of a religious affiliation?  YES  NO

Is your organization part of a political affiliation?  YES  NO

**PROJECT DESCRIPTION**

Nature of the project for which you are requesting assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual or established event? How many years? \_\_\_\_\_

Past attendance for event: \_\_\_\_\_

Market area to which this project will gain exposure: \_\_\_\_\_

Goals of your project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you believe the goals of your event/project relate to those of Casino Niagara? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration and dates of event/project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What **type** of assistance are you requesting? (financial, prize donation, services) \_\_\_\_\_

**If financial, specify amount and how the donation will be directed \$** \_\_\_\_\_

Sponsorship response required by (date)? \_\_\_\_\_

Is applicant an Associate (employee) of Casino Niagara?  YES  NO

Number of people directly involved (committee/participants/volunteers): \_\_\_\_\_

Location where project will take place: \_\_\_\_\_

If project is an outdoor event, is there an alternate venue/date for inclement weather? \_\_\_\_\_

## **PROJECT PROMOTION**

What media coverage is planned? \_\_\_\_\_

Will the project involve spectators/participants? If yes, please estimate number: \_\_\_\_\_

Describe demographics of your target audience: \_\_\_\_\_

Will you be collecting names and addresses of spectators/participants for future mailings?  NO?

If yes, please elaborate: \_\_\_\_\_

Is advertising planned? No: \_\_\_\_\_ If yes, please list which media is to be used and how: \_\_\_\_\_

Will The Cares Foundation/logo be included in media or advertising?  NO. Yes, please describe how:

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Please list the various levels of sponsorship and sponsorship package descriptions (if applicable):

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Please list all other confirmed sponsors and indicate the **level of financial/in kind assistance** they are providing.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**FINANCIAL INFORMATION – must be completed for application consideration**

Please provide, as attached documentation in support of your request, your most recent financial statements (preferably audited). If your organization is seeking capital funding, please provide evidence of your organization's ability to fund operating expenses.

Does your project/event generate revenue? \_\_\_\_\_

Who receives that revenue or any profits? \_\_\_\_\_

Percentage of event revenue that goes to fundraising and administrative costs: \_\_\_\_\_

Will an income tax receipt be supplied?  YES  NO

**The Applicant understands that the information collected on this form is to allow The Cares Foundation to evaluate its request for financial support. The Applicant further understands that the information collected will be used and disclosed as may be reasonably necessary by Niagara Fallsview Casino Resort to assess and approve such request and consents to the collection, use and disclosure of such information for that purpose.**

Signature of Applicant: \_\_\_\_\_

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