



Event Sponsorship Request Form

Sponsorships for events are awarded throughout the year to nonprofit organizations or groups who are organizing events taking place in the City of Laurel, MS. Sponsorships may not exceed \$2,500 per event. To assure that any approved grantee would receive funding in advance of the event, it is recommended that any sponsorship application be submitted at least sixty days in advance of the event. **APPLICANTS MUST BE AGE 21 OR OLDER, SHOW VALID ID, AND MUST SUBMIT REQUIRED FORMS TO REQUEST FUNDING FROM THE CITY OF LAUREL.** Please complete this form. Retain one copy for your files. Submit a copy to the City of Laurel, MS Mayors office. Incomplete applications are subject to denial.

Event: _____

Location: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone: _____ Email: _____

Amount Requested: _____

Date of Event: _____

Estimate of Attendance of Event: _____

Has this event taken place in Laurel before? YES _____ NO _____ If yes how long? _____

Will a Special Events Permit be required for this event? YES _____ NO _____

Has the City Clerk's Office been contacted? YES _____ NO _____

Please list all other sponsors for this event:

Sponsor: _____

Sponsor: _____

Sponsor: _____

Sponsor: _____

Give a detailed budget and description of the event and how these sponsorship funds will be used for this event. (All details must be provided, or project form will be returned. Attach additional pages as needed).

How will this project promote the City of Laurel tourism and increase overnight stays in the City of Laurel hotels/motels, thus bolstering the area economy?

(Attach additional pages as needed).

Please provide any print materials that were produced in support of your event, if available. (Attach additional pages as needed or email.)

I hereby certify that the information submitted within the final report is true, complete, and accurate to the best of my knowledge. I also certify that all relevant parties on this proposal have read and have complied.

Print Name: _____ Date: _____

Signature: _____ Title: _____

Office use only: Check Date: _____ Check #: _____ Amount Issued: _____