

# PCBIA SPONSORSHIP APPLICATION



Date of Submission: \_\_\_\_\_

## Contact Information

Organization:

Name	
Street Address	
City, Postal Code	
Phone	
Email	
Website	

Contact Person:

Name	
Street Address	
City, Postal Code	
Phone	
Email	

If the organization is a registered not-for-profit or charity, please provide the Registration number: \_\_\_\_\_

## Organization, Programs and Activities

Please briefly describe your organization (i.e. how long you have been in existence, Mission/Values Statement, Terms of References, what types of activities you undertake and how long have been conducting the activities).


On average, approximately how many people participate in your programs?	
On average, approximately how many people are assisted by your programs?	
What is the amount of sponsorship requested?	

If the sponsorship funding is for a specific event, please describe the event in detail with a copy of an itemized budget. List the event goals, what activities you plan to undertake to achieve your anticipated outcomes, what performance indicators you will use to measure the benefits?


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### Community Benefits

Please describe the benefits/impact of this event to the community. Include how you will evaluate the event’s success and how many people will benefit from your event.

### Funding/Financials

Has your organization received a prior sponsorship or donation from the Port Credit BIA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so how much and when?	
What other funding have you applied for?	

**Please attach a copy of the current Financial Statements of your organization and detailed budget for the upcoming year.**

### References

Please list three community references that are familiar with your organization. These references should not be directly connected to your organization.

Name	Street Address, City, Postal Code	
1.		Phone: _____ Email: _____
2.		Phone: _____ Email: _____
3.		Phone: _____ Email: _____

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**Information Sharing**

May we include your event on our website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we pass along your event details and group contact information to the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Signatures**

**Please attach a list of your Executive, Officers and Board of Directors**

Signature of Chairperson and/or Senior Staff submitting this application:

  
  
  

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