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**SPONSORSHIP REQUEST APPLICATION**

**EVENT DETAILS**

* **Company or Organization**

Name:

Address:

* **Event Name:**
* **Contact Person**

Name:

Address:

Phone: Fax:

Email:

* **Date of Proposed Event:**
* **Event Objectives:**
* **Expected number of participants:**
* **Prior years event attendance (if applicable):**
* **Expected number of participants focusing on the needs of children 0 through 5:**
* **Event website (if any):**

**SPONSORSHIP DETAILS**

* **Sponsorship request amount: $**
* **Has First 5 San Diego sponsored the event before? Yes No**If yes, please list years and amount of sponsorship:

|  |  |
| --- | --- |
| Year | $ |
|  |  |
|  |  |
|  |  |

* **How does the event align with First 5 Commission of San Diego’s Strategic Plan 2015-2020 objectives?**

**RECOGNITION**

* **What type of paid and/or unpaid advertising will be used to promote the event:**
* **Signage – How many and where placed?**
* **Collateral material – What type and how many?**
* **Other – (TV, radio, email blasts, etc.)**
* **Other event sponsors:**
* **How will First 5 San Diego services be promoted at the event?**
* **If sponsorship request is approved, requestor agrees to provide First 5 San Diego logo recognition on all marketing collateral and media opportunities.**

**Yes No**

**MISCELLANEOUS**

* **Provide a “day of” outline or agenda for the event (Use space below or own attachment)**
* **Provide an itemized description and budget that indicates specifically how the requested amount will be used (Use space below or own attachment)**
* **If applicable, provide one copy of any printed materials used for this event in the past, such as flyers, ads, posters, brochures, etc. (Attach)**
* **How will the success of the event be measured?**
* **Provide the name and address of sponsorship payee, if different from above.**

Name:

Address:

**“Day of” Outline or Agenda**

**Itemized Description and Budget**