



## EVENT HOSTING SPONSORSHIP PROMOTIONAL

Applicants are encouraged to keep a copy of their application for the organization's records.  
Submit your application along with the required attachments via email to:

[recprograms@humboldt.ca](mailto:recprograms@humboldt.ca) or hand deliver / mail to:

City of Humboldt  
Community & Leisure Services  
Humboldt Uniplex  
619 17<sup>th</sup> St.  
PO Box 640  
Humboldt, SK S0K 2A0

Please Type or Print – *Submit separate applications for each program*

### HOSTING ORGANIZATION

Hosting Organization Name		
Are you a Non-Profit Organization (YES or NO) <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered Not-for-Profit Number (If applicable)
Mailing Address	City	Postal Code

Primary Contact Person		
Mailing Address	City	Postal Code
Phone No	Email	

Event Name	Type of Event
Scope of Event (select one) <input type="checkbox"/> Local/Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National	Does your organization have appropriate liability and insurance in place for this event: (YES or NO) : <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the event a: <input type="checkbox"/> One-Time Event <input type="checkbox"/> Annual Event <input type="checkbox"/> Other (please specify): _____	
What is the estimated Total Facility Charge for this event?  \$	What is the requested Facility Sponsorship?  \$

## EVENT MERIT

What are the dates of the Event?	Where in Humboldt is the event being hosted?
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Provide a brief description of your event

What is the event's target audience?

Anticipated Attendance:

What is the Expected attendance of the event?		What is the estimated percentage of attendees are coming from:	
PARTICIPANTS		HUMBOLDT/LOCAL REGION	
SPECATORS		WITHIN THE PROVINCE	
VOLUNTEERS		OUTSIDE THE PROVINCE	
STAFF/OTHER (not included above)		OUTSIDE THE COUNTRY	
<b>TOTAL ANTICIPATED ATTENDANCE</b>		<b>PERCENTAGE TOTAL (MUST = 100)</b>	

Admission Charges:

Is there a cost for participants to participate?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please Explain:
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Is there a cost for spectators to attend the event?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please Explain:
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## COMMUNITY IMPACT

What type of economic impact will this event have on the community? (i.e. hotel stays, restaurants, shopping, tourism, etc.)

Is the event designed to bring awareness to cause or initiative? (i.e. growing sports, promoting awareness of cancer research, etc.) ☐ Yes ☐ No

Does the event provide opportunity for community members to volunteer: ☐ Yes ☐ No

Is the intention of this event to create a net profit? (i.e. fundraiser): If Yes, please specify how the funds will be spent: ☐ Yes ☐ No

Are there any others ways that this event will positively affect the community?

## SPONSORSHIP BENEFIT

On what level will this event be promoted?

☐ Locally ☐ Regionally ☐ Provincially ☐ Nationally ☐ Internationally

How will the City of Humboldt be recognized for its sponsorship of this event:

## FINANCIAL NEED

Has your organization received an Event Hosting Sponsorship from City in the past three years?

☐ Yes ☐ No

Why is Event Hosting Sponsorship being requested for this event?

Will the event still proceed without support from the Event Hosting Sponsorship program?

Please fill out the following budget OR attach a copy of an existing budget for your event.

INCOME / REVENUE	IN KIND / NON-CASH	CASH	TOTAL
City of Humboldt Facility Sponsorship Requested	\$		\$
Registration/Admission Fees	\$	\$	\$
Fundraising	\$	\$	\$
Cash Donations / Sponsorships	\$	\$	\$
Other Grant Funding	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Income/Revenue	\$	\$	\$
<b>EXPENDITURES</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Expenses	\$	\$	\$

## APPLICATION AGREEMENT

### USE OF FUNDING

The City reserves the right to demand, at any time, the return of any sponsorships if the Organization uses it in a manner that, in the opinion of the City, is not in compliance with the sponsorship guidelines or is inconsistent with the description of its intended use as set out in this application or should it be discovered that the undersigned made a material misrepresentation in the application.

### REPRESENTATIONS

In making this application, we the undersigned Board Members/Executive Director hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate, that we have read and agree to comply with the Event Hosting Sponsorship Policy and the application is made on behalf of the above-named organization and with the Board of Director's full knowledge and consent.

### SIGNATURE

Board Member or  
Representative  
(PLEASE PRINT)

Signature

Position

Date

## OFFICE USE ONLY

<b>Date Received:</b>	
<b>Date Reviewed:</b>	
<b>Reviewed By:</b>	
<b>Approved:</b>	Yes _____ No _____ Partial _____
<b>Sponsorship Approved:</b>	
<b>Other Comments/Notes:</b>	
<b>Signatures:</b>	_____