



# CITY OF NEWBURGH

Office of the City Manager

83 Broadway, Newburgh, New York 12550

(845) 569-7301 • [www.cityofnewburgh-ny.gov](http://www.cityofnewburgh-ny.gov)

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## **COMMUNITY EVENT SPONSORSHIP REQUEST APPLICATION FORM**

### **Sponsor Information:**

Sponsor Name: \_\_\_\_\_

(\*Sponsor is name of person or organization that will host the event)

(Attach additional contact information sheets for any event Co-Sponsors)

Sponsor Type: Individual \_\_\_\_\_ Business \_\_\_\_\_ Not-for-Profit \_\_\_\_\_

Charitable \_\_\_\_\_ Government \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor Website: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Is the Sponsor tax-exempt?  Yes  No

Contact Name for Sponsor: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### **Event Information:**

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Start/End Time(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Estimated Total Attendance: \_\_\_\_\_

Total Event Budget: \$ \_\_\_\_\_ (including all funding)

Event frequency: Recurring/annual  or New/first time event

If recurring/annual, list the number of times and/or years event held: \_\_\_\_\_.

Event Summary: Briefly describe the event for which you are seeking sponsorship and describe how the event and sponsorship will support a public interest such as community, economic or cultural benefit to the City of Newburgh. Attach additional sheets as needed.

Is the event open and free to the public?  Yes  No

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Prior Events in City of Newburgh:

Has City of Newburgh participated with your organization in the past?  Yes  No

Have you and/or your Organization received any other grants, sponsorships or support from the City of Newburgh in the past? If yes, please list event and services requested from and provided by the City:

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**Sponsorship Request by Community Member or Organizer (select 1 of 4 options below):**

Option 1 – Insurance Coverage:  Yes  No

Option 2 – In Kind Contribution of Public Safety Goods (Select from List):

- Trash Cans and/or dumpsters
- Jersey Barriers
- Traffic Barricades
- Water Truck

Option 3 – In Kind Contribution of Public Services<sup>1</sup> (Select from List):

- Traffic or Pedestrian Control
- Police Department Public Safety/Security Services
- Fire Department Public Safety/Fire Prevention Services

Option 4 – Direct Funding<sup>2</sup>: Amount \$ \_\_\_\_\_

Maximum sponsorship amount cannot exceed the lesser of \$1,500.00 per event or 10% of total City Sponsorship-Community Events Budget line.

Attach a copy of your most recent 990 and W-9 for your nonprofit organization.

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<sup>1</sup> Contingent on sufficient availability of police and fire personnel

<sup>2</sup> Contingent on sufficient funding allocation in the City current fiscal year budget

**City Council Member Sponsorship:**

- 1. Requires prior commitment from city council member(s)**
- 2. Can be used in addition to the community member/organizer sponsorship request.**

Sponsoring Council Member(s): \_\_\_\_\_

(\$ ) Amount: \_\_\_\_\_

Attach a copy an event budget for use of funds.

By signing below, the Applicant acknowledges it has: (1) authority to bind the Applicant and the Sponsor to apply for Public Special Events Sponsorship; (2) received and reviewed of the City of Newburgh Mass Gathering/Event Permit Application; (3) received and reviewed City Code Chapter 110; (4) agreed, both as Applicant and on behalf of the Sponsor, to the terms and conditions of any permit issuance; and (6) attests under penalty of perjury that the information contained in this application is true and accurate.

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

Print Name: \_\_\_\_\_ (copy of ID also required)

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**FOR OFFICE USE ONLY**

**Permit Application Sponsor Name:** \_\_\_\_\_

**Proposed Date(s) of Event:** \_\_\_\_\_

**Event Permit Submitted:** YES  NO

**Date:** \_\_\_\_\_ **Receipt No.:** \_\_\_\_\_ **N/A:** \_\_\_\_\_

**Event Permit Approved:**  
**Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **N/A:** \_\_\_\_\_

**Sponsorship Approval:**

<b>Date</b>	<b>Department Name/Title</b>	<b>Recommendation</b>	<b>Adjustment</b>
_____	<b>Comptroller</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____
_____	<b>Law</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____
_____	<b>Police</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____
_____	<b>DPW</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____
_____	<b>Fire</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____
_____	<b>Water</b> _____	<b>Yes</b> ____ <b>No</b> ____	_____

**CITY MANAGER: Approved:** \_\_\_\_\_ **Denied** \_\_\_\_\_

\_\_\_\_\_  
**Todd Venning**  
**City Manager/CEO**

\_\_\_\_\_  
**Date**