



City of Burlington
Co-Sponsorship Grant Application

Activity Start Date: _____ **Today's Date:** _____

Activity Title: _____

APPLICANT INFORMATION

Organization: _____

Mailing Address: _____

Contact Person: _____

Primary Phone: _____ **Email:** _____

ABOUT THE ORGANIZATION

Non-Profit, Tax ID: _____ **Year Incorporated:** _____

Govt./Public Agency, Tax ID: _____ **Number of Paid Staff:** _____

Private Citizen or Group **Number of Volunteers:** _____

CO-SPONSORSHIP REQUEST

Please list your requested event location:

Park Name or Address: _____

Will your event require use of buildings or structures within the park?

Picnic Shelter Sports Court Maiben House Burlington Senior Center

Other: _____

Please list any equipment that you anticipate borrowing from the City and quantities if known:

Barricades, Quantity: _____ 10'x10' Canopy, Quantity: _____

Cones, Quantity: _____ Portable Tables, Chairs: _____

Other: _____

Please describe any anticipated assistance needed from City departments to host your event:

ACTIVITY SCOPE

Which category describes your Activity best?

- Resource/Awareness Event Cultural, Heritage Arts, Music
 Seasonal Fair/Festival Recreational Other: _____

Activity Dates:

Your SETUP begins on what date? _____

Your Activity OPENS to the public on what date and time? _____

Your Activity CLOSES to the public on what date and time? _____

Your CLEANUP will be completed on what date and time? _____

How many attendees do you anticipate serving? _____

Who is your target audience?

Provide a brief history of your Activity and be sure to include (1) its Purpose and (2) the measures you will employ to Evaluate its success:

ELIGIBILITY

What components of your Activity will involve a fee for access or participation?

Please share a brief description & history of your organization:

How do you believe your Activity will benefit the Burlington community?

COLLABORATION

Please list other resources or partnerships supporting your Activity and describe their relationship with you:

MARKETING INFORMATION

Please write a brief narrative describing your Activity that could be used as a Press Release:

APPLICANT ACKNOWLEDGMENT

On behalf of (*Organizer's name*) _____, I hereby certify that the information provided with this application is accurate to the best of my knowledge and that I am authorized by the Organizer to submit this application on their behalf. I have read and understand the criteria by which our application will be evaluated and understand that we will be required to forward all applicable permit forms should my Activity be selected for co-sponsorship.

If signing digitally, I understand that my digital signature represents a binding agreement.

Signature

Date

Printed Name

APPLICATION CHECKLIST

1. For Non-Profit, Government or Public agencies, be sure your **Tax ID** has been entered on the Application.
2. Please attach as a separate document any additional information about your Organization or Activity that you believe is relevant to this Application.
3. If submitting your Application in hardcopy form:
 - Use only 8.5" x 11" paper
 - Do NOT double-side your Application
 - Do NOT submit a cover page with your Application
4. **Submit your application to:** BParks@burlingtonWA.gov
or to: Burlington Parks and Recreation
900 E. Fairhaven Avenue
Burlington, WA 98233
5. Co-Sponsorship Grant Applicants can expect a response regarding selection within 60-days of the Application period's closing.