

SANDS

PO Box 40100

Tucson, AZ 85717-100

info@sandsaz.org

www.sandsaz.org



GIB! Program

Community Sponsorship

What is the amount you are requesting: _____

If sponsorship is awarded, there is an understanding that your organization will actively assist in our annual Tucson Buddy Walk and acknowledge SANDS in contributing funds to your organization by using the SANDS name and /or logo on all sponsored event/program literature.

Answer the following questions with as much detail as Possible:

- a) What other sources of income does your group have? (for example, fund raising events, donors, other fundraising activities, etc.) _____
- b) Do you **only** serve the Down syndrome community? Yes ___ No ___ If no, please describe the type of individuals you serve: _____
- c) How many members or families did your organization serve last year? _____
 What percentage have Down syndrome? _____

Fill out the below form. Be as detailed and specific as possible, showing how the program or service benefits those with Down syndrome, their families, and the Down syndrome community.

Sponsorship Request (Make copies of this form as needed)

Keep different Programs, services, and/or activities separate.

Name of Program, Service or Activity: _____

Detailed Description (make sure you describe in detail how this program will benefit the Down syndrome community): _____

How often will this Program, Service, or Activity take place? One time only _____ Once a year _____

Monthly _____ Other _____

Estimated total cost of Program: \$ _____ Estimated monthly cost: _____

Give a general budget as to how the Sponsorship money will be applied:

Activity	Funds to be allocated
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AGREEMENT

I understand that upon approval of this Sponsorship, the organization will be responsible for using the Sponsorship funds for the sole purposes stated in this application and will be required to sign a Memo of Understanding with SANDS specifying detailed conditions and actions expected of each group in accordance to SANDS bylaws and policy.

Authorized Signature

Date

Contact Information:

Organization _____ POC _____

Address _____ Phone # _____ FAX _____

Mail to SANDS PO Box 40100 Tucson, AZ 85717

Include application and memo of understanding

(Keep a copy for your records)



Memo of Understanding

This Memo of Understanding is between the Southern Arizona Network for Down Syndrome and _____.

The Southern Arizona Network for Down Syndrome Board of Directors hereby agrees to approve a Sponsorship for _____ in the amount of \$ _____. This memorandum outlines the conditions and actions expected of all parties:

1. After any application has been approved, SANDS agrees to release the funds, assuming they hold a valid EIN Number and a bank account in the organization's name.
2. _____ agrees to the use of this Sponsorship solely for the purpose stated in the original application.
3. In the case where SANDS holds a group's funds, SANDS agrees to release funds directly to vendors/providers upon written notice in the form of an invoice. However, this occur, only after the expense is first authorized by the organizations Treasurer.
4. _____ agrees to acknowledge SANDS for contributing funds to their organization by using the SANDS name and/or logo on all event/program literature and reporting to it's members how much they received from SANDS as a Sponsorship and how they are spending the monies via their monthly newsletter, e-mail listserv, monthly meetings or any other form of regular communication used with members.
5. _____ agrees to include SANDS on their mailing list, whether it be via a newsletter and/or e-mail listserv. SANDS PO Box 40100, Tucson, AZ 85717-100 ∞ info@sandsaz.org
6. _____ will keep accurate, financial records related to use the SANDS Sponsorship and agrees to submit monthly expenditure reports if requested by SANDS Board of Directors.
7. SANDS agrees to help publicize the group's name, website, the activities, programs and services within our literature, advertising, and website.
8. The Sponsorship is awarded with the understanding that your organization will actively assist with the annual Tucson Buddy Walk.
9. If needed, SANDS agrees to provide a \$1 million dollar liability coverage to any of _____ activities upon approval by the SANDS Board of Directors. _____ agrees that all activities associated with this event shall be subject to review and approval by the SANDS Board of Directors to assure they meet SANDS insurance policy requirements.
10. _____ agrees to the use of their name by SANDS as recipients of this Sponsorship.

Southern Arizona Network for Down Syndrome _____ Date _____

Officer Signature

(Organization)

_____ Date _____

Applicant Signature

