

City of Desert Hot Springs

11999 Palm Drive • Desert Hot Springs, CA 92240 www.cityofdhs.org • 760-329-6411 • Fax: 760-288-0639

CITY EVENT SPONSORSHIP APPLICATION

You can complete the application online (see instructions below) or manually complete the attached application and return it to Lynne A. Paul, Public Works Management Analyst (|paul@cityofdhs.org).

Online completion of City Event Sponsorship Application:

To access applications: click on this link https://www.cityofdhs.org/public-works-applications-permits/.

Documentation That May Be Needed (see application for further details):

- Certificate of Liability Insurance
- Certified Proof of Background Checks (LiveScan)
- Volunteer Training Program
- Volunteer Discipline Policy
- Membership Roster with Addresses
- City Business License and/or Event Permit
- List of Equipment Stored Onsite and Owner Contact Information
- Organization Signed Liability Waiver
- Signed Liability Waivers
- IRS Documentation
- Bylaws
- Roster of Officers
- List of Individuals Authorized to Make Reservations for the Organization.

If approved, the City will provide the organization with an Event Sponsorship Agreement.



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CITY EVENT SPONSORSHIP APPLICATION

City Event Sponsorship Application Process

To request City sponsorship for an event, please complete the application form below and return to:

Lynne A. Paul
Public Works Management Analyst
City of Desert Hot Springs
11999 Palm Drive
Desert Hot Springs, CA 92240
Ipaul@cityofdhs.org
760-329-6411 x219

Application Deadlines

For requests exceeding \$5,000, applications must be received no less than 90 days prior to the earliest scheduled date of the event.

For requests not exceeding \$5,000, applications must be received no less than 60 days prior to the earliest scheduled date of the event.

Failure to submit a complete application within the above-referenced deadlines will render the application ineligible for consideration. If the application is approved, the applicant or other responsible party will be required to enter into a Sponsorship Agreement with the City prior to receiving City sponsorship support.

Required Documentation

If applicant is requesting City sponsorship on behalf of a non-profit organization, proof of the organization's non-profit status is required. Proof of non-profit status shall include IRS documentation, organization's bylaws, roster of officers/employees, and other documentation as deemed necessary by the City Manager or his/her designee.

Applicant shall comply with all terms of the Sponsorship Agreement.

Please refer to the City's Event Sponsorship Policy for full rules and guidelines.

Organization Name Organization's Website Address Tax Exempt No. (if applicable) Contact Individual / Representative Adult / Youth Street Address City, State, Zip Code Home Phone Cell Phone Wark Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable) Event Date(s)	<u>Applicant Information</u>				
Tax Exempt No. (if applicable) Contact Individual / Representative Adult / Youth Street Address City, State, Zip Code Home Phone Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Adult / Youth Amount Requested Number of Gruests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Organization Name				
Contact Individual / Representative Adult / Youth Street Address City, State, Zip Code Home Phone Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Organization's Website Address				
Adult / Youth Street Address City, State, Zip Code Home Phone Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Tax Exempt No. (if applicable)				
Street Address City, State, Zip Code Home Phone Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Contact Individual / Representative				
City, State, Zip Code Home Phone Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Adult / Youth		Adult	Youth	
Home Phone Cell Phone Work Phone E-Mail Organization Description Ust of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Street Address				
Cell Phone Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	City, State, Zip Code				
Work Phone E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Adult Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Home Phone				
E-Mail Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Cell Phone				
Organization Description List of Full Legal Names of All Members of Organization (attach additional sheet if necessary) Event Information Type of Event Adult / Youth Adult Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Work Phone				
Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	E-Mail				
Event Information Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Organization Description				
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Type of Event Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)					
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Adult / Youth Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Event Information				
Amount Requested Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Type of Event				
Number of Employees/Volunteers Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Adult / Youth		Adult		Youth
Number of Guests Percentage of DHS Residents In-Kind Support Requested (if applicable)	Amount Requested				
Percentage of DHS Residents In-Kind Support Requested (if applicable)	Number of Employees/Volunteers				
In-Kind Support Requested (if applicable)	Number of Guests				
	Percentage of DHS Residents				
Event Date(s)	In-Kind Support Requested (if applicabl	e)			
	Event Date(s)				

Relevant Pre-Event and Post-Event Dates, including load-in and load-out (if applicable)	
Event Time(s)	
Event Location(s)	
Description of Event	
How will the requested City sponsorship support/complement other funding and/or support already obtained, or to be obtained, for successful implementation?	
How will the event benefit the Desert Hot Springs community?	
If the amount requested can be itemized based on specific usage, please attach an itemization on a separate attachment.	Attached Not Attached
Description of how event will be marketed, including overview of the channels through which the City will have an opportunity to be recognized on marketing materials:	
Sponsorship Policy. The undersigned furthe	ead and agrees to abide by the City's Event er agrees to be responsible for any damage to City d agrees to be responsible for the conduct of all
Print Name	

City Event Sponsored Application - 4 - Revised 8/16/22

The following documents must be received before a City Sponsorship Agreement will be executed. Please work with City staff to submit all required documents. Failure to submit required documents in a timely manner may result in forfeiture of preferred dates and times for your event.

		Date Received	Staff Initials
Certificate of Liability Insurance			
Certified proof of background checks (Livescan) policy			
performed for all parties and all parties passed background			
checks			
Volunteer Training Program			
Volunteer Discipline Policy Membership Roster with addresses			
City Business License and/or Event Permit			
List of equipment stored on-site and owner contact			
information			
Organization Signed Liability Waiver			
Signed Liability Waivers			
Tax Exempt Documents			
		Date Received	Staff Initials
IRS Documentation			
Bylaws			
Roster of Officers			
A list of individuals authorized to make reservation	ons for the		
organization			
_			
Fee			
Check No.			
Money Order No.			
Cash			
Date Paid			
City Event Sponsorship Agreement			
Executed			
The above application is:			
Approved			
Not approved (provide reasons)			
•		_	
Signature		D	ate
Print Name			

City Event Sponsored Application - 5 - Revised 8/16/22