



2015 Community Learning Sponsorship Application

FOR SANTA YNEZ VALLEY & LOS ALAMOS COMMUNITIES



A joint project of the

SANTA YNEZ VALLEY FOUNDATION

Santa Barbara Foundation & Santa Ynez Valley Foundation

Submission Date: ____ / ____ / ____

Name of Organization: _____

Organization's mission statement:

Mailing address: _____

Contact person: _____ Contact person's title: _____

Telephone number: _____ Email address: _____

Executive Director: _____ ED's Email address: _____

Is this organization a registered 501(c)(3)? Yes No* Tax ID number (EIN): _____

***If the organization is not a registered 501(c)(3), please provide the following information:**

Fiscal sponsor organization name: _____

Fiscal sponsor mailing address: _____

Fiscal sponsor EIN number: _____

Request Information

Event Title: _____

Where will the event be held?

- Buellton Los Olivos Ballard
 Solvang Los Alamos Santa Ynez

Description of the event in 1-3 sentences:

Amount requested: _____ Is this a new event? Yes No

Total event budget: _____ Expected event duration: _____

Total budget of your organization: _____ Date of event: ____ / ____ / ____

Deadline date for securing sponsors: ____ / ____ / ____

This is a: One-time event
 Recurring event (not annual)
Indicate how often: _____

If there is a ticket charge or entrance fee, please indicate per person fee: \$ _____

1. What is the goal for hosting this event? What outcomes do you wish to achieve?

2. How do you plan to market or advertise your event?

3. How would the Santa Ynez Valley Foundation and Santa Barbara Foundation's sponsorship be recognized?

4. Do you have sponsorship levels? If so, please include them:

5. Do you anticipate other sponsors? If so, how many? _____

6. Who is your primary audience (i.e., seniors, children, general community)? How many do you anticipate attending?

I certify that the Executive Director or CEO has read and approved this proposal

I authorize Santa Ynez Valley Foundation and Santa Barbara Foundation to share proposal information with other funders

Project Budget

Budget Instructions:

- Please fill in all income and expense lines in the budget sheet provided.
- The budget should include all income for the project that you currently have in-hand and money that is anticipated. Please identify all sources and when a decision is anticipated. Indicate in-kind donations.

Organization Name: _____

Name of Event: _____

Projected Income for Project:

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Total Program (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL INCOME				

List the In-Kind (non-cash) contributions:

Projected Expenses for Project:

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.

Item	Total Program (\$)	This Request (\$)	Notes
TOTAL EXPENSES			