



Partner in Support Application Form

Thank you for your interest in working with Operation Homefront! To get the process started, we would like to know more about this opportunity. All prospective partners in support must complete this form and return it to the organization prior to the start of any event or partner promotion. This application is used to review potential opportunities and completion of this application does not guarantee a partnership with Operation Homefront.

Your event application will be reviewed and discussed within two weeks of receipt of the completed form. You will be notified of the outcome at the contact information you list below.

Please note: Operation Homefront reserves the right to withdraw its name from use by third parties should significant changes occur in the event plan that may affect the public's perception of Operation Homefront. Additionally, all printed material using Operation Homefront's logo or name must be reviewed and approved by Operation Homefront staff prior to use. For this reason, and to ensure the success of our team effort, it is important that this document be as accurate and detailed as possible.

Term Limit: No more than 1 year from date of application approval

Date of Application: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Organization (if any) to be involved as host, coordinator, sponsor, or beneficiary:

Name of Event/Partnership: _____

Date(s) of Event/Partnership: _____ Time: _____am/pm

Location of Event/Partnership: _____

Purpose of Event/Partnership: _____

Short Event Description:

Based on the Operation Homefront Partner in Support Levels of Giving, please select the estimated level that your event/partnership will fall into:

- Level 1 - \$1,000-\$5,000
- Level 2- \$5,000- \$10,000
- Level 3- \$10,000- \$15,000
- Level 4- \$15,000- \$20,000
- Level 5- \$20,000 to \$25,000



Level 6- \$25,000 and higher

Expected date of donation: _____

Please list any other corporations (for-profit or non-profit) you approached for support of this event?

Secured

Contact Name/Number

1. _____

2. _____

3. _____

Pending

1. _____

2. _____

3. _____

Have you attempted this event/partnership opportunity in the past? If yes, what is the success rate?

How will this endeavor help Operation Homefront fulfill its mission? If possible, link elements of your partnership/event to key values for the organization.

Please describe your motivation to organize and conduct such an event, promotion, or affiliation. Why did you choose Operation Homefront for the partnership?



Will you, or any other individual, anticipate receiving a direct or indirect financial benefit from the event/partnership? If so, please describe:

Is there specific support you would request from Operation Homefront in conjunction with the planning and execution of this event/partnership?

1. _____
2. _____
3. _____

Please describe the planning and execution timeline for the proposed event/partnership:

Please describe how you will publicize or market the event/partnership. Who is your target audience? In what location will this event take place?:

Please provide a sample budget for your event including revenue and expense (Attach additional sheet if necessary):

What is to be gained by your company by partnering with Operation Homefront on the endeavor?

Return this application by mail or email to:

Operation Homefront

Attn: Ebony Strange

51 Monroe Street, Suite 503

Rockville, MD 20850

Email: ebony.strange@operationhomefront.net