



# CEDAR RAPIDS

City of Five Seasons

Special Event #
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## PUBLIC SAFETY SPONSORSHIP APPLICATION

### Return the completed application to:

City of Cedar Rapids, City Manager's Office,  
101 First Street SE, Cedar Rapids, Iowa 52401

Phone: (319) 286-5080 Fax: (319) 286-5144 or [citymanager@cedar-rapids.org](mailto:citymanager@cedar-rapids.org)

The City Council recognizes the importance of providing monetary and other City support for community festivals, parades and celebrations that are held for the general economic benefit of the City's business community, cultural enrichment and/or promotion of the City of Cedar Rapids. In order to expand access to a wide range of cultural experiences and community connections for all its residents, the City of Cedar Rapids provides limited assistance through public safety sponsorships to local organizations in support of community programs. Please refer to the Public Safety Sponsorship Policy for additional and specific information pertaining to this application.

**Please type or print legibly. Incomplete or illegible applications will be returned to the applicant and will not be processed.**

Name of Organization Requesting Sponsorship

Local Address for Organization:

Complete Address of Organization's Headquarters (if applicable) Including City, State & Zip Code:

Is this organization a registered not for profit organization?

Is this event supporting an organization registered as a non-profit organization for tax purposes?

Tax Exempt Number: (501 c-3, etc.)

**Attach proof of non-profit status to this application.**

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Name of Program/Event:

Program/Event Mission:

Program/Event Date(s):

Program/Event Time(s): Provide actual event times. If event is more than one day, provide date (times for each day) & times for each day.

Approximate Number of Participants:

Provide name of business and address where program/event was held:

Was this program open to the general public?

How did your organization and the proposed program/event benefit the residents of the City of Cedar Rapids?

List amount requested from public safety fund (attach invoice) (no more than \$1,000)

**Name and Contact Information of Individual Responsible for the Completion of this Application:**

Name:		email:	
Mailing Address:			
Phone	Cell	FAX	

Valid proof of Non-profit status

Cedar Rapids Police invoice

Event program flyer/poster

I have received and read the City of Cedar Rapids' Public Safety Sponsorship policy and I agree to adhere to all criteria within this policy. Please initial

I certify that the information contained on this application is true and correct to the best of my knowledge.  
Printed name & signature of person completing application:

Name:

Signature:

Date: