



City of DeLand One Time Sponsorship Request Application

Revised December 2015

Please print or type application. All sections must be completed for the application to be accepted. Any questions should be directed to the Administrative Services Department at the City of DeLand, at (386) 626-7000. Please return in person, fax: 386-626-7140 or email: greboszm@deland.org.

Date of Submission of Application: _____

Applicant: _____ **Indiv.** **Corp.** **501c3**

Address: _____

City/State/Zip: _____

Contact: Bus/Home Phone _____ Cell Phone _____

Email _____ Fax Number _____

Name of Activity to be Sponsored: _____

Date(s) Requested: _____

Location of Activity: _____

Brief Description of Activity: _____

Amount Requested: \$ _____

(Please note a max of \$750 can be requested)

If not monetary, what service is requested: _____

Explain how the sponsorship will generate an economic benefit to for the City:

Has the City Commission declared or established a sponsorship role by the City: YES NO

Has this activity been sponsored by the City in the past: YES NO If YES, when: _____

For City Use Only:

Approve **Deny**

Date
