



## APPLICATION FOR DONATION/SPONSORSHIP

From time to time, organizations and charities within the community will request donations from the Arlington Business Partnership. We have implemented an application procedure to better review and consider our prospective contributions. While we wish we could provide support for every request, this is just not possible. All requests for donation are considered in light of our organization's Mission Statement which is...

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*The Arlington Business Partnership's mission is to represent and promote Arlington businesses to stimulate the local economy and initiate improvement projects, thus creating a sense of pride for all who live, work and do business in Arlington.*

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Keep in mind that our tag line revolves around "businesses building a stronger community", we do place higher emphasis on requests that specifically benefit the Arlington Business Improvement District. Although your request may be exactly the type that we desire to become involved with or that we may have assisted with in the past, our ability to approve or deny a request may simply be the result of budget constraints.

The application must be completed in its entirety in order to be considered. Every effort will be made to review your request as quickly as possible. Applications are reviewed monthly by the Arlington Business Partnership's Executive Committee and Board of Directors. **Applicants will be required to make a presentation to the Board of Directors and should contact the ABP office to schedule such presentation. The Board meets at 5:30 PM on the second Monday of each month at the Arlington Business Partnership Office, 9800 Indiana Avenue, Riverside, CA 92503.**

Thank you for considering the Arlington Business Partnership as a possible contributor/sponsor.

### ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Executive Director/CEO Name: \_\_\_\_\_

Contact Person Name & Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Federal Tax ID Number #: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Office

Cell

Fax

Email Address: \_\_\_\_\_

## EVENT INFORMATION

Event Title: \_\_\_\_\_

Event Purpose/Type of Event: \_\_\_\_\_

Sponsorship/Art Work Deadline: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_

Is this an annual event? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Expected attendance: \_\_\_\_\_

Describe the event/project for which Arlington Business Partnership funds are requested. Provide details regarding activities, vendors, entertainment, etc.

Describe the overall contribution of the event/project to the mission statement of the Arlington Business Partnership and/or the Arlington Business Improvement District.

List the type of recognition the Arlington Business Partnership will receive for the sponsorship/donation (e.g. name/logo listing, banner, advertising, booth space, etc.).

Has the Arlington Business Partnership sponsored/donated to your organization in the past? If yes, list event name, date, and amount:

Amount/Item(s) Requested: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Projected Use of Contribution: \_\_\_\_\_

Geographic Area(s) Served: \_\_\_\_\_

It is fully understood and agreed that this donation and/or sponsorship is not an admission or assumption of any liability and that your organization is fully responsible for, and shall indemnify and hold the Arlington Business Partnership harmless against any liability or claim arising from the above described event.

I understand that a representative of the applying organization must make a presentation to the Arlington Business Partnership's Board of Directors about the request for sponsorship funds. I am aware that the Board meets at 5:30 PM on the second Monday of each month at the Arlington Business Partnership Office, 9800 Indiana Avenue, Riverside, CA 92503.

I have read and understood the foregoing.

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Authorized Signature	Title	Date
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Any questions may be submitted to Arlington Business Partnership at [info@riversideabp.com](mailto:info@riversideabp.com).

**SUBMITT COMPLETED APPLICATIONS BY:**

HAND DELIVERY: 9800 Indiana Avenue, Riverside, CA 92503

MAIL: P.O. Box 7338, Riverside, CA 92513

FAX: (951) 509-6802

E-MAIL: [info@riversideabp.com](mailto:info@riversideabp.com)

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**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_ E/C Reviewed: \_\_\_\_\_ Recommend:  Yes-\$ \_\_\_\_\_  No

Within Arlington BID?  Yes  No BOD Reviewed: \_\_\_\_\_ Motion by: \_\_\_\_\_  APPROVED  DENIED

Motion by: \_\_\_\_\_ Seconded by: \_\_\_\_\_  APPROVED  DENIED

Date Check Presented: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_