



## Sponsorship Request Form Haitian Heritage Month

Please complete the following form and hand deliver it to the Little Haiti Revitalization Trust office (212 NE 59th Terrace) or email the form to [lhrt@miamigov.com](mailto:lhrt@miamigov.com) no later than **March 29, 2024**. Any application received after March 29, 2024, will not be eligible for consideration. Please be advised that following approval, the processing of the payment *may require up to eight weeks to receive the payment. Additionally, the use of any logo or likeness of the Trust or Chairwoman on any collaterals or advertisements for the event, will require written approval.*

Date of Request: \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

Name, phone number and email for contact person: \_\_\_\_\_

Title of Event/Program: \_\_\_\_\_

Date of Event/Program: \_\_\_\_\_ Time of Event/Program: \_\_\_\_\_

Event/Program Location: \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_ Age range of expected attendees: \_\_\_\_\_

Have you secured the date of the event with the venue: \_\_\_\_\_

Funding Request Amount: \_\_\_\_\_

*\*Please note that if approved, funding payment will be remitted after the event date. Approved requests are eligible for up to \$7500.00. The exact amount of funding all will be at the sole discretion of the Trust administration and the City's review committee.*

Participating Event Sponsors: \_\_\_\_\_

Other planned or committed funding sources **and the expected amount** (what other sources are providing you funding):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of event/program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many times have you held this event or a similar event in the past and in what years?

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If you have held the event in the past, what was the previous budget for this event?

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Is the event/program open to the public? \_\_\_\_\_ Is the event/program free of charge? \_\_\_\_\_

If there is a charge, how much will you charge? \_\_\_\_\_

Will you conduct any fundraising at the event (raffle, silent auction, etc.): \_\_\_\_\_

Will alcohol be available at this event (either free of charge or for sale): \_\_\_\_\_

To have this request reviewed, please send the following information/documents along with this form.

1. **COMPLETE Budget** for the event (including all revenue and expenses) and the prior year's budget if the event was previously held
2. **Proof of non-profit status** (501c3 or tax-exempt document)
3. **Copy of the proof of the organization's currently active status from the Florida Secretary of State (Sunbiz.org)**
4. **W-9 Tax Form**
5. Mission Statement of the Organization
6. Any event marketing pieces (flyer, link to a website, etc.)
7. Copy of venue agreement
8. Information on prior similar events (number of participants, location, etc.)
9. Voided check of the organization

**Failure to submit items 1, 2, 3 or 4 above will result in a delay of consideration until said items are received.**

**Certificate of Acknowledgment** by an authorized individual representing the Organization:

I, \_\_\_\_\_, as \_\_\_\_\_ [title] of the above-listed organization, am authorized to submit this funding request. I understand that falsifying any information on this form or documentation provided shall result in the organization being ineligible for funding.

\_\_\_\_\_  
Signed

**Note:** Sponsorship funds will be provided on a reimbursement basis, after all verifiable expenditure documents are received by the Trust. Valid documentation includes canceled checks, bank statements, and receipts with vendor name, logo and contact information. **There will be no reimbursements of cash payments.**

**Administrative use only:**

**Approved**       **Approved with Modifications**       **Denied**

Approval signature: \_\_\_\_\_

Comments: \_\_\_\_\_