



COMMUNITY PARTNERSHIP EVENT APPLICATION

Date: _____

Sponsoring Organization (if applicable): _____

Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____

City & Zip: _____

Preferred method of contact: _____

Preferred time of contact: _____

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1. What is the name of your event? _____
 2. What is the event date(s) & time(s)? _____
 3. For In Person Events: Where will the event be held? What is the approved capacity of the space under the current health department directive?
 4. For Virtual/Online Events If the event is online, please explain the details of the platform.

 5. Please provide a description of the event. Please include safety precaution you will have in place (i.e. masks, social distancing, etc.).

 6. Is this the first time you have held this fundraiser? YES / NO
 7. How many people are you expecting to be present? (including both attendees and workers / volunteers)

 8. What is your fundraising goal? _____
 9. What percentage of donations will be going to WEAVE? _____
 10. How will the funds be raised? (ticket sales, live/silent auction, etc.)

11. Will other non-profits benefit from this event? YES / NO

If yes, please share who: _____

12. Do you plan to solicit businesses or individuals for cash or product donations? YES / NO

13. What are you doing to publicize your event? (Press releases, advertisements, PSA's, promotional flyers, etc.)

14. Do you plan to use WEAVE's name in promoting your event? YES / NO

15. Would you like our logo for promotional materials? YES / NO

16. If your event is open to the public to attend, would you like WEAVE to promote it on our website and/or Facebook? YES / NO

17. Would you like a WEAVE representative at your event? YES / NO

If no, will you want WEAVE information materials? YES / NO

17. Please attach the budget for your event.

I have read and understood the Community Partnership Event Toolkit. I hereby agree to abide by the guidelines and provide all requested information in the manner and timeframe described.

Name: _____ Date: _____

Signature: _____

Please return completed application to:

WEAVE Inc.
Philanthropy Department
Attn: Jordyn Pruitt
1900 K Street
Sacramento, CA 95811
Phone: 916.319.4981
Email: jpruitt@weaveinc.org

Thank You for supporting WEAVE!