



COMMUNITY PARTNERSHIP EVENT APPLICATION

Date: _____

Sponsoring Organization (if applicable): _____

Contact Name: _____

Phone: _____ E-mail: _____

Address: _____

City & Zip: _____

Preferred method of contact: _____

Preferred time of contact: _____

1. What is the name of your event/ partnership? _____

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/partnership. 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/ partnership? 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

** If you wish to use WEAVE's logo, we require that all content with our logo be approved in advance of promotion.

16. If your event is open to the public to attend, would you like WEAVE to promote it on our website and/or social media? 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 if you have one.

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**

**1900 K Street
Sacramento, CA 95811
Phone: 916.319.4981
Email: donate@weaveinc.org**

Thank You for supporting WEAVE!