**Penn Treaty Special Services District**

**CO-SPONSORSHIP REQUEST FORM**

**Name of Applicant:**

**Name of Co-Sponsor:**

Date Submitted (required): Co-Sponsor E.I.N. No.:

**SECTION 1A — APPLICANT’S BACKGROUND INFORMATION**

Complete Address:

Contact Person: Title:

Telephone No: Cell:

Email Address: Website:

Applicant’s Mission:

**Amount Requested: $**

**SECTION 2A: PURPOSE OF SPONSORSHIP**

1. Is this request for a **Project?**
2. Is this request for an **Event?**  Name of the Event:
3. Location of Event:Date(s) of Event:
4. Is this an Annual Event? Is this a **Fundraiser**?
5. If this is a Fundraiser how much do you expect to raise this year after expenses? $
6. If this is an Annual Fundraiser how much did you raise last year after expenses? $

**Description and Purpose of Event/Project** (attach additional pages if necessary):

**SECTION 3A: PROPOSED BUDGET**

**How would the funds be spent?**

1. **Please supply an overall budget for the entire project** which shows all **anticipated expenses**.   
   This budget should also show any **expected revenues, funding from other sources,** and **earmarked funds from your organization** (if any).  
   If your Co-Sponsor is collecting an **administration fee**, please show that as well. PTSSD will consider an administration fee of up to 5%.
2. **Also, supply a line-item budget which shows how the Penn Treaty SSD Sponsorship would   
   be used.**
3. If your project requires that you use outside vendors for the proposed work,please attach at least **two estimates**. If this is not possible, please explain:

**SECTION 4A: IMPACT**

1. Which District Neighborhoods will this project or event impact:
2. What is the anticipated attendance?
3. Have you previously received a grant from PTSSD?

SECTION 5A: APPLICANT’S SIGNATURE

This Sponsorship Request has been made with knowledge and permission  
 of the organization’s Officer listed below.

**Applicant Organization:**

**Officer’s Full Name: Title:**

**Signature of Applicant: Date:**

Sections 1B through 3B to be completed be the Co-Sponsor.

**SECTION 1B  
CO-SPONSOR INFORMATION**

**Name of Co-Sponsor:**

Complete Address:

Contact Person: Title:

Telephone No:

Email Address:

**Provide a copy of your IRS Determination Letter OR your last filed 990 Form.**

**Mission:**

1. Prior Grantee: Have you previously received a grant from PTSSD?
2. Prior Co-Sponsor: Have you previously co-sponsored a grant from PTSSD?
3. If you are a 501(c)(3) or other 501(c) organization, have there been any changes in your organization’s purpose, character, or method of operation since the issuance of its IRS tax ruling:
4. What charitable benefits will this Sponsorship have in the community?

**SECTION 2B  
CO-SPONSOR’S ADMINISTRATION FEE**

PTSSD will consider an administration fee of up to 5%.

1. Will an administration fee be charged to the Applicant for this grant?
2. What percentage of the request is your organization collecting from the applicant?

SECTION 3B: CO-SPONSOR’S SIGNATURE

This Fiscal Partnership has been made with knowledge and permission  
 of the organization’s Officer listed below.

**Organization:**

**Officer’s Full Name: Title:**

**Signature of Co-Sponsor: Date:**

Please submit this application along with supporting attachments to:

ptssd.secretary@gmail.com or by post to: PTSSD, 702 N. 3rd Street, Philadelphia, PA 19123.