$300.00

SPONSORSHIP APPLICATION

FISCAL YEAR 2023 – 2024

SUBMIT TO

City of Vicksburg
Attn: Office of the City Clerk
P. O. Box 150
Vicksburg, MS 39181-0150

Or email:
dnickson@vicksburg.org

INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE COMMITTEE

Organization Name: METRO-JACKSON ALCORN ALUMNI CHAPTER

Physical Address of the Event: This Request is For Radio Advertising For The City of Vicksburg

Mailing Address: PO. Box 760, CLINTON, MS. 39056

Telephone Number: 601-940-6277

Website Address: METRO-JACKSON ALCORN ALUMNI CHAPTER

Primary Contact Name: JAMES M. Robinson

Title: CHAIRMAN OF THE ALCORN RADIO BROAD CAST Telephone No: 601-940-6277

Email Address: JMARIONRob@GMAIL.COM

Secondary Contact Name: MANNING

Title: BROADCAST COMMITTEE MEMBER Telephone No: 601-937-1139

Email Address: TERIMANNING@MSN.COM

If you are applying on behalf of another organization, please provide contact information for that organization:

Organization: N/A

Contact Name: N/A

Telephone No: N/A Email Address: N/A

Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: ALL ALCORN FOOTBALL GAMES FOR THE 2024 SEASON.
(Must be between October 1, 2023 – September 30, 2024)

1. **Is your request for:**
(Check all that apply)

☐ In-Kind Sponsorship (specify in question 6)

☑ Cash Sponsorship Amount Requested: $ 300.00

2. **Briefly state your organization's mission and purpose.**

THE PUROSE OF BROADCAST COMMAITTEE IS TO SOLICIT FUNDS IN ORDER TO PAY FOR THE BROADCAST OF ALCORN STATE UNIVERSITY FOOTBALL GAMES

3. **Describe the event in which funds are being requested to support.**

THE BROADCAST OF ALL FOOTBALL GAMES DURING THE 2024 SEASON.

4. **Explain how your organization and/or event further a charitable cause, economic or community growth, or serve a public interest?**

THE METRO-JACKSON ALUMNI ASSOCIATION PROVIDES AN AVENUE BY WHICH A BUSINESS CAN ADVERTISE ITS PRODUCTS OR SERVICES DURING THE BROADCAS OF ALCORN FOOTBALL GAMES

5. **Provide detail on how the requested funds will be used support the event partially or in full.**

THE FUNDS WILL BE USED TO ADVERTISE THE AMENITIES RELATED TO THE CITY OF VICKSBURG, MS.

6. **Select all in-kind services the organization is requesting for the event:** N/A

☐ a) Park and facilities fees N/A

☐ b) Park Personnel (maintenance and building attendants) N/A

☐ c) Police Personnel N/A

☐ d) Fire Personnel N/A

☐ e) Other services not listed (please specify) N/A

☑ f) Not requesting in-kind services

7. **Identify and provide all other funding requests for this event. Provide attachments if needed.**

Source	Pending	Approved	Dollar Amount
THE ONLY REQUEST IS FOR			$
$300.00 TO BE USED TOWARD			$
ADVERTISING THE CITY OF			$
VICKSBURG			$
			$
			$
			$

8. **Anticipated Attendance:** NO ATTENDANCE. THE AD WILL BE PLAYED DURING THE BROADCAST FOOTBALL GAMES BROADCAST ON WMPR-90.1

9. **Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.** THE CITY OF VICKSBURG'S AD MENTIONS

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Vicksburg on behalf of the undersigned. Each undersigned representative warrants the information provided within this application and its attachments are true and complete until a written notice of change is provided to the City of Vicksburg. The City of Vicksburg is authorized to make all inquiries necessary to verify the accuracy of the provided information.

James M. Robinson
Requestor

8/29/2024
Date

Printed Name of Requestor from Above JAMES M. ROBINSON

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
METRO - JACKSON ALCORN ALUMNI CHAPTER

2 Business name/disregarded entity name, if different from above
N/A

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.
501(c)(3)

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
ID# 31493

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
Box 9391

Requester's name and address (optional)

6 City, state, and ZIP code
JACKSON, Mississippi 39286

7 List account number(s) here (optional)
N/A

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
64-0709128

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ James M. Robinson Date ▶ 8/29/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*