

\$5,000.00
Bm - 5/9/2025



SPONSORSHIP APPLICATION

FISCAL YEAR 2024-2025

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: Inspirational Country Music Association

Physical Address of the Event: 817 Loretta Dr Goodlettsville Tn. 37072

Mailing Address: _____

Telephone Number: 865.230.5852

Website Address: www.inspirationalcountrymusic.com

Primary Contact Name: Diane Parten

Title: CEO Telephone No: 865.230.5852

Email Address: dparten@inspirationalcountrymusic.com

Secondary Contact Name: Ralph Parten

Title: CFO Telephone No: 205 499 6861

Email Address: rparten@inspirationalcountrymusic.com

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

Organization: The Sound of Small Town America

Contact Name: Diane Parten

Telephone No: 865 230 5852 Email Address: dparten@inspirationalcountrymusic.com

Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: May 31, 2025

(Must be between October 1, 2024-September 30, 2025)

1. Is your request for:

(Check all that apply)

☐ In-Kind Sponsorship (specify in question 6)

☒ Cash Sponsorship Amount Requested: \$ 5,000.00

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

promote christian music with a country sound

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

expose talent in small towns
and promote the small town together

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

Bring awareness to your town

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

pay Expense to come to your town and
have the event there

6. Select all in-kind services the organization is requesting for the event:

- ☐ a) Park and facilities fees
- ☐ b) Park Personnel (maintenance and building attendants)
- ☐ c) Police Personnel
- ☐ d) Fire Personnel
- ☐ e) Other services not listed (please specify) _____
- ☒ 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
			\$
			\$
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: 500

9. Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.

*We will promote the history of the city
And promote what Vicksburg has to promote now*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

*all of this will be included in a T.V. show that will
be aired on mutise Networks "The Sound of Small Town America"*

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.

Diane Foster

Requestor

5/6/25
Date

Printed Name of Requestor from Above _____



INSPIRATIONAL COUNTRY MUSIC ASSOCIATION

Sound of Small Town America, a division of Inspirational Country Music Association, Inc. Our purpose is to provide opportunities for individuals to present their musical talents to the residents of small towns and cities.

Sound of Small Town America is a singing talent competition that is filmed for Reality TV.

The process:

An interested contestant submits a video of their Christian or Positive Message song to Inspirational Country Music Association (ICMA)

A panel of judges appointed by ICMA reviews each video and selects the top 20

The selected contestants will then come to the designated town on a determined date to compete for the top 4.

The top 4 are invited to come to Nashville, TN to compete in the finals which is held at the Grand Ole Opry House.

All 4 states will compete for the top 3 slots. 3rd place, 2nd place and the winner.

Division are: Youth division is 8 years old to 18 years old. The age will be determined by the age you are on the day of state competitions.

Adult division is 19 and above.

Date Saturday May 31, 2025

Finals spring of 2026 Date announced by October 2025

Inspirational Country Music Association, Inc.

Sound of Small Town America

P.O. Box 604

Goodlettsville, TN 37070

www.inspirationalcountrymusic.com

(615) 866-0023

dparten@inspirationalcountrymusic.com

**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Inspirational Country Music Association, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Non Profit Corporation	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 817 Loretta Dr	Requester's name and address (optional) City of Vicksburg P.O. Box 150 Vicksburg, Mississippi 39181-0150
6 City, state, and ZIP code Goodlettsville, TN 37072		
7 List account number(s) here (optional)		

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
8	1	-	3	0	8	2	8	5 9

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>Ralph Parton</i>	Date <i>5/7/2025</i>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they