



Vicksburg
Mississippi

Received 8/18/2025
\$300.00
Aug. 25th agenda

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: METRO-JACKSON AL CORN ALUMNI ASSOCIATION
Physical Address of the Event: RADIO ADVERTISING VICKSBURG, MS DURING
FOOTBALL GAMES ON WMPR 190.1 FM
Mailing Address: _____
Telephone Number: 601-940-6277 (JAMES M. ROBINSON - BROADCAST CHAIRMAN)
Website Address: METROJXNALCORNITES.COM
Primary Contact Name: JAMES M. ROBINSON
Title: BROADCAST CHAIRMAN Telephone No: 601-940-6277
Email Address: JMARIONROB@GMAIL.COM
Secondary Contact Name: T MANNING
Title: BROADCAST COMMITTEE 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 2025 FOOTBALL GAMES PLAYED BY ALCORN.

(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: \$ 300.00

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

THE ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION IS SUPPORTED BY THE METRO-JACKSON ALCORN ALUMNI ASSOCIATION. THE ORGANIZATION'S DUTY IS TO PROMOTE THE ENHANCEMENT OF ALL PROGRAMS AND PROJECTS OF THE UNIVERSITY.

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

FOR THE PURPOSE OF ADVERTISING THE CITY OF VICKSBURG DURING THE BROADCAST OF FOOTBALL GAMES DURING THE 2025 ALCORN STATE UNIVERSITY FOOTBALL SEASON.

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

IT IS HOPE THAT FANS TRAVELING TO ALCORN FOOTBALL GAMES WILL HAVE AN ECONOMIC IMPACT ON VICKSBURG. ALL GAMES ARE BROADCAST ON WMPR 90.1 THIS STATION IS ALSO HEARD ON THE INTERNET WORLDWIDE.

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

THE FUNDS WILL BE USED TO PRODUCE A RADIO AD THAT MAKES FOOTBALL FANS AWARE OF THE AMENITIES AVAILABLE IN VICKSBURG, SUCH AS HOTELS, RESTAURANTS, ETC.

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
<u>N/A</u>	<u>N/A</u>		\$ <u>N/A</u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: N/A (RADIO ADVERTISEMENT)

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

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

8/15/2025
Date

Printed Name of Requestor from Above

JAMES M. ROBINSON



BROADCAST COMMITTEE

P. O. Box 760
Clinton, MS 39056

Dear Supporters and Alumni:

Alcorn State University football will be epic this season! The Braves had a great recruiting year and are anxious to display the talents of some of the best red-shirted freshman to play the game.

Alumni and fans are looking forward to being a part of the excitement in the stadium and by listening to the broadcast of the games in the comfort of their homes. Therefore, it is imperative that all tenured supporters reserve their advertising spot early to guarantee that their business or promotional interest will continue to be a part of Alcorn football. Each game will be broadcast on radio station WMPR 90.1 FM in Jackson, MS which is heard throughout central Mississippi, parts of Louisiana, Alabama, Arkansas, and the world-wide web. The cost of a sponsorship for this season is \$300 for all games.

Please complete the enclosed agreement, make your check or money order payable to the Metro Jackson Alcorn Alumni and returned to the address on this letter. You may call me at (601) 940-6277 or (601) 925-9349, if you have questions or concerns.

In the Spirit of Champions,

James M. Robinson

James M. Robinson
Chairman

Broadcast Agreement

This agreement executed by and between the ASU Broadcast Committee and hereinafter called underwriter.

Said underwriter agrees to donate \$300 to the ASU Broadcast to have their business, product or service advertised during the 2025 Alcorn State University football season. In witness whereof the parties have duly executed this agreement on this _____ day of _____, _____

Witness:

James M. Robinson
Chapter Representative
EMAIL: JMARIONROB@GMAIL.COM

Underwrite

PLEASE MAKE CHECK PAYABLE TO: "Metro Jackson Alcorn Alumni Chapter, Inc." and mail to the attention of Mr. James M. Robinson, ASU Broadcast, Post Office 760, Clinton, MS 39056.

The Metro Jackson Alcorn Alumni Chapter, Inc. is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code.

Request for Taxpayer Identification Number and Certification

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

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

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 ASSOCIATION	
2 Business name/disregarded entity name, if different from above METRO-JACKSON ALCORN ALUMNI ASSOCIATION	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 501c3 <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) ► 501c3 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.	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): 501c3 Exempt payee code (if any) Non Profit 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) JAMES M. ROBINSON P.O. Box 760 CLINTON, MS. 39056
6 City, state, and ZIP code JACKSON, MS. 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	
N/A	N/A
or	
Employer identification number	
METRO JACKSON ALCORN	ALUMNI ASS. 501c3

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 ►

James M. Robinson

Date ►

8/18/25

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.