

APR 24 2026

Initial: DKM

Event date: June 19-28, 2026

\$1,000.00



SPONSORSHIP APPLICATION

FISCAL YEAR 2025-2026

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: Special Olympics Area 10

Physical Address of the Event: 190 Kirkland Rd.

Mailing Address: 190 Kirkland Rd.

Telephone Number: 601-415-9068

Website Address: 190 Kirkland Rd.

Primary Contact Name: Sandy Hearn

Title: Director Telephone No: 601-415-9068

Email Address: Vhshearn@yahoo.com

Secondary Contact Name: Pauline Vessell

Title: Director Telephone No: 601-218-6119

Email Address: Samsarea10@hotmail.com

If you are applying on behalf of another organization, please provide contact information for that organization:
Organization: _____
Contact Name: _____
Telephone No: _____ Email Address: _____

Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: June 19-28, 2026
(Must be between October 1, 2025-September 30, 2026)

1. Is your request for:

(Check all that apply)

In-Kind Sponsorship (specify in question 6)

Cash Sponsorship Amount Requested: \$ 2,500.00

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

Area 10 Special Olympics
Provide Sports for Special Needs
Kids & Adults in our Community

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

Special Olympics USA Games
Minnesota

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

Helps Special Needs in our
Community

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

Help provide funds to attend
Special Olympics
USA Games Travel & Needs

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: 24

9. Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg. *These athletes will proudly represent 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.

Sandy Hearn
 Requestor

4-24-26
 Date

Printed Name of Requestor from Above

Sandy Hearn



Special Olympics

Mississippi

Area 10

April 24, 2026

Sandy Hearn

Area 10 Special Olympics

190 Kirkland Rd.

Vicksburg, MS. 39180

RECEIVED

APR 24 2026

BY: ADAM, PE

Dear Mayor Thompson and Board of Alderman:

Area 10 Special Olympics is proud to be sending 24 Athletes and Coaches From Vicksburg to play in Special Olympics USA Games in Minnesota on June 19-28, 2026.

These Athletes will be competing in Swimming, Track and Field, Cornhole and Softball.

They are all very excited to have the honor of competing with many other athletes from all over the USA.

Each Athlete has a goal to reach of \$500.00.

As you may know most of our athletes come from low-income families, therefore they cannot provide the essentials that go along with being able to attend.

For this dream to come true, we are once again requesting your assistance. Respectfully a \$2,500.00 contribution for advertising on shirts and travel bags. These shirts will be worn during travel from Vicksburg to Minnesota. The City of Vicksburg's logo will proudly be displayed on the shirts.

Team Mississippi looks forward to representing the City of Vicksburg and bringing home "Gold"

WITH YOUR SUPPORT THEIR "DREAMS CAN COME TRUE"

Thank you for your support!

Sandy Hearn, Director, Area 10 Special Olympics 601-415-9068



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. Special Olympics Area 10	
2 Business name/disregarded entity name, if different from above.	
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.	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<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) ▶ _____ 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.	
<input checked="" type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions. 190 Kirkland Rd.	Requester's name and address (optional)
6 City, state, and ZIP code Vicksburg, MS. 39180	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
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or											
Employer identification number											
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5	0	1	8	5	5	9	4				

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 ▶ Sandy Stearn	Date ▶ 4-24-26
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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.

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.