



Vicksburg
Mississippi

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: Holladay Broadcasting
Physical Address of the Event: 900 Belmont St. Vicksburg 39180

Mailing Address: _____

Telephone Number: 601.636.2340

Website Address: _____

Primary Contact Name: Sabrina Lynn

Title: Manager Telephone No: 601.415.6773

Email Address: sabrina@radiopeople.com

Secondary Contact Name: _____

Title: _____ Telephone No: _____

Email Address: _____

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: 8/18/25 - 9/30/25
(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: \$2400.00

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

To provide entertainment and information to Vicksburg and surrounding areas.

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

Live play-by-play broadcast of Porter's Chapel Academy and St. Aloysius Football.

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

Our live broadcasts support local athletics by providing friends, family & loved ones an opportunity to tune in without having to go out of town.

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

The funds will help pay for travel expenses, equipment, and announcers time.

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$

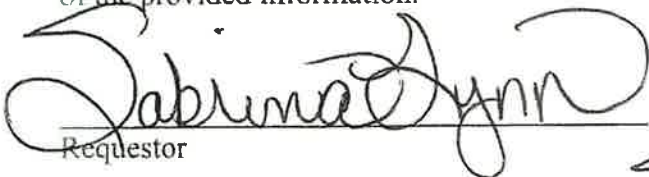
8. Anticipated Attendance:

N/A

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.


Requestor

7/9/25
Date

Printed Name of Requestor from Above

Sabrina Lynn

St. Aloysius Flashes Football 2025



Live Play-by-Play On River 101.3

Your Season Sponsorship Includes:

- (10) Commercials per week beginning August 18 thru the last game of the season on October 31 (10 regular season games total)
- Minimum of 3 commercials during each football game broadcast.
- Live recognition every weekday during the morning show mentioning you as a sponsor.

Your Investment:

\$600 per month- August & September

(Any play-off games would be an additional \$120 per week)



Porter's Chapel Academy Eagles Football 2025



Live Play-by-Play On K-Hits 104.5

Your Season Sponsorship Includes:

- (10) Commercials per week beginning August 18 thru the last game of season on October 24 (10 regular season games)
- Minimum of 3 commercials during each football game broadcast.
- Live recognition every weekday during the morning show mentioning you as a sponsor.

Your Investment:

\$600 per month- August & September

(Any play-off games would be an additional \$120 per week)



**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.) Holladay Broadcasting of LA, LLC	
2 Business name/disregarded entity name, if different from above. dba The Radio People, WBBV, KLSM, KSBU, and Vicksburg Outdoors	
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 checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S 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 type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
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"/>	Requester's name and address (optional)
5 Address (number, street, and apt. or suite no.). See instructions. 900 Belmont St.	
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div>72-1190743</div>	<div></div>

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 Sabrina J. Lynn	Date 4/16/24
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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