



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: _____

Physical Address of the Event: _____

Mailing Address: _____

Telephone Number: _____

Website Address: _____

Primary Contact Name: _____

Title: _____ Telephone No: _____

Email Address: _____

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: _____
(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. Briefly state your organization's mission and purpose.

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

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

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

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: _____

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 _____

Date _____

Printed Name of Requestor from Above _____