

City of Concord Co-Sponsorship Application (page 1)

Today's D	Date:				
Name of Event:					
Date(s) o	f Event: Location:				
Brief Des	cription of Event:				
Lead Sponsor:					
Contact Person for Event/Request:					
Address:					
Phone:					
Website	& Email Address (if applicable):				
This eve	ent is sponsored by (Place an X in the box in front of the one that applies):				
	A non-profit with current tax-exempt status that provides direct services or funds to residents and businesses in Concord; <i>OR</i>				
,	Another group that provides a service to the City of Concord residents. (please explain)				
What is the primary service or product of the sponsoring organization?					

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What is the primary benefit of the event to the Concord community?					
What in-kind support/resources from the City will this event require?					

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How can your organization demonstrate the experience and expertise to successfully execute this event?					
execute this event:					
CITY OFFICE USE ONLY					
Emergency Management –	City Manager (or designee) -				
City Manager's Office:	City Manager's Office:				
Date Received:	Date Reviewed:				
Authorized Signature:	Authorized signature:				
Additionated distriction	Additionized signature.				
	Final review for City Council submission				
Date final application is submitted to City					

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Review of In-Kind Support from City Departments if applicable:

Department	Date Application Received	Date Application Review Completed	Departmental Signature
Buildings & Grounds			
Electric			
Environmental Services			
Downtown Office			
Fire			
Parks & Recreation			
Police			
Public Information Office			
Transportation/Streets			
Other			

If applicable, values for in-kind support should be submitted to the Emergency Management Coordinator once the departmental review is completed.