

COMMUNITY EVENT SPONSORSHIP 2017-2018 APPLICATION FORM



United Way of the
Columbia-Willamette

LEAD APPLICANT INFORMATION

| | |
|-----------------------------|--|
| Organization Name | |
| Organization Address | |
| Main Contact Name | |
| Main Contact Phone | |
| Main Contact Email | |
| Date Submitted | |

EVENT DETAILS

| | |
|---|--|
| Name of Event | |
| Sponsorship Amount Request (Up to \$500) | |
| Sponsorship Levels (if applicable) | |
| Date of Event | |
| Time of Event | |
| Location of Event | |

TRADITIONAL ELEMENTS

| | |
|---|--|
| What is the target audience and/or population that will benefit from this event? | |
| <input type="checkbox"/> African/African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> European American/Eastern European/White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Disability <input type="checkbox"/> Urban <input type="checkbox"/> Rural |
| Is this your organization's first time applying for UWCW Funds: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

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ALIGNMENT

Please explain how this event contributes to United Way's mission and strategic goals.

RACIAL EQUITY

Please explain how this event promotes social and/or racial equity

UPSTREAM INVOLVEMENT

Does this event support individual and/or systematic advocacy? If so, please explain how.

CONTINUOUS QUALITY IMPROVEMENT & KNOWLEDGE BUILDING

Does this event improve knowledge around an identified need? If so, please explain how.

Thank you for event sponsorship application. Please save and send to LaurenG@unitedway-pdx.org