



# Maine Developmental Disabilities Council

## Small Grant Program: Event Sponsorship

### Sponsorship Request

#### **Contact Information**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Email: \_\_\_\_\_

Provide a brief description of your organization including how it involves and/or benefits individuals with disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Event Information**

Title of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

Scheduled/Anticipated Speakers/Presenters: \_\_\_\_\_

\_\_\_\_\_

Target Audience: \_\_\_\_\_

*Please refer to MDDC's Five Year State Plan Goals & Objectives in responding to the following.*

Identify which of MDDC's Goals & Objectives this event relates to and explain how:

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Describe how people with developmental disabilities will be included in the planning of this project/event:

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Describe the anticipated impact this event will have on the lives of individuals with developmental disabilities:

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Provide an estimate of the number of people you expect to be impacted by this event, broken out as listed below:

Individuals with Developmental Disabilities: \_\_\_\_\_

Family Members of Individuals with Developmental Disabilities: \_\_\_\_\_

Professionals: \_\_\_\_\_

Others (please specify): \_\_\_\_\_

Are there other organizations or groups who will be involved in this project/event? Please list.

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**Please include with this application any materials related to this project/event. (Brochures, flyers, etc.)**

**Funding Information**

*(The maximum amount that may be requested is \$1000 per event.)*

Has your organization ever applied for funds from MDDC before?  Yes  No

If yes, when and for what purpose? \_\_\_\_\_

If yes, was your application approved?  Yes  No

Total anticipated cost of this project/event: \_\_\_\_\_

Funding amount being requesting from MDDC: \_\_\_\_\_

Breakdown of anticipated expenses:

<u>Expense Description</u> (i.e. meeting space, supplies, materials, etc.)	<u>Total Expense</u>	<u>Amt. Requested from MDDC</u>

Have you requested/received funding from other sources for this event? Provide details below, including funding amounts and status (received, approved, pending or declined).

<u>Funding Source</u>	<u>Amt. Requested</u>	<u>Status</u>

Will income for your organization be generated by this event? (Registration fees, exhibit fees, sponsorships, etc.) If yes, provide details of expected income.

<u>Income Source</u>	<u>Amount</u>

## **Agreement**

By signing and submitting this application, the applicant agrees that, to the best of their knowledge, the information contained within this application is accurate and in compliance with MDDC's Event Sponsorship Policy. Additionally, the applicant agrees that if awarded this grant, they will abide by all conditions, criteria and requirements detailed in the Event Sponsorship Policy.

Name & Title of Applicant (printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Return completed application to:***

[erin.howes@maine.gov](mailto:erin.howes@maine.gov)

~or~

Maine Developmental Disabilities Council  
Attn: Education & Leadership Development Grant  
225 Western Avenue, Suite 4  
Augusta, Maine 04330

Questions? Contact Erin Howes at [erin.howes@maine.gov](mailto:erin.howes@maine.gov) or 207-287-4213