

**For resource purposes only - Not for official submission.**

Thank you for your interest in submitting a Community Sponsorship application. The application must be submitted through the online Blackbaud portal, and this is to serve as a reference to prepare responses to questions.

For instructions on submitting your sponsorship application, visit [SMUD Community Sponsorship.](https://www.smud.org/in-our-community/Sponsorships)

**SMUD Community Sponsorships: Eligibility**

P art 1: Eligibility

You must answer **N o** to the following questions to advance to the next part of the application. If you answer **Y es** to any

question(s), your organization does not qualify for sponsorship.

Does your organization discriminate on the basis of race, creed, color, sex, or national origin? \*

Select one

 No  Yes

Is your organization seeking sponsorship for charitable donations/cash gifts, grants or general operating support, operating expenses, and/or travel expenses? \*

Select one

 No  Yes

Is your organization seeking sponsorship for individual lobbying activities, political fundraisers, and/or partisan activities? \*

Select one

 No  Yes

Is your organization seeking sponsorship for event/activity solely focused on the consumption of drugs or alcohol, or the promotion of firearms or gambling? \*

Select one

 No  Yes

Is your organization seeking sponsorship for religious activities? \*

Select one

 No  Yes

Is your organization seeking sponsorship for \*individual\* school requests, including field trips, fundraisers, graduations, performing arts events, or sports teams? \*

Select one

 No  Yes

Is your organization seeking sponsorship for recreational/competitive sports teams, individual sports teams, or individual sporting events/tournaments. \*

Select one

 No  Yes

Is your organization requesting donations of SMUD electric service for which a fee is normally charged? \*

Select one

 No  Yes

**SMUD Community Sponsorships: Application**

# G iving Priority Alignment

SMUD receives a high volume of sponsorship applications each year. Due to limited sponsorship dollars, applications are more likely to succeed if they answer **Agree** to all the questions below. If you answer **Don’t Agree** to any of the questions, **you may still submit your application for consideration**.

My organization is based in the SMUD service territory. \*

Select one

 Agree

 Don't Agree

My organization is a 501(c) charitable organization, 509(a) public charity/private foundation, 501(c)6 chamber of commerce, or a local government entity. \*

Select one

 Agree

 Don't Agree

My organization is seeking sponsorship for something that will benefit SMUD customers. \*

Select one

 Agree

 Don't Agree

My sponsorship request includes a sponsorship package outlining the list of benefits for consideration. \*

Select one

 Agree

 Don't Agree

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My sponsorship request is for something more than 60 days from now. \*

Select one

 Agree

 Don't Agree

My request aligns with SMUD’s key values. \*

Select one

 Agree

 Don't Agree

My sponsorship request will reach more than 100 SMUD customers. \*

Select one

 Agree

 Don't Agree

My sponsorship request is for something that is not currently receiving funding from SMUD. \*

Select one

 Agree

 Don't Agree

My sponsorship request does not exceed $2,500. \*

Select one

 Agree

 Don't Agree

My sponsorship request does not seek support for a specific health-related cause. \*

Select one

 Agree

 Don't Agree

My sponsorship request does not seek support for a run, walk, bike ride, or sporting tournament (golf, pickleball, basketball, etc.) \*

Select one

 Agree

 Don't Agree

My sponsorship request is not for a crab/spaghetti feed. \*

Select one

 Agree

 Don't Agree

# OOrganization Information

Organization Legal Name \*

Organization Name (Doing Business As) \*

Fiscal Sponsor Name (if applicable)

Organization Address \*

Website URL

Social Media URL

Organization Mission/Vision \*

On average, how many people does your organization serve every year?

Enter number.

Has your organization received a SMUD sponsorship in the last two (2) years? \*

Select one

 Yes  No

 Unsure

If yes, please list the event(s)/activities that SMUD sponsored within the two (2) years: \*

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Does your organization work with SMUD in other capacities (Sustainable Communities, Economic Development, Strategic Account Advisors, Customer Advocacy, etc.). \*

Select one

 Yes  No

 Unsure

If yes, briefly describe your organization’s work with SMUD over the last 12 months and the upcoming 12 months. Include information such as department names, key staff, and activities.

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# C ontact Information

Please provide the contact information for the primary person we should communicate with regarding this sponsorship request.

First name \*

Last name \*

Title \*

Email address \*

Phone \*

Pronouns

# E vent/Activity Details

Event/Activity Name \*

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Event/Activity Description \*

Please provide more information about your event or activity. Include information such as: (1) Purpose of the event/activity, (2) Agenda and/or event features, (3) Audience demographics, such as age, ethnicity, culture, neighborhood, (4) Event type (sit down dinner, award ceremony, outdoor event (such as a resource fair), (5) Attendee cost (free or ticketed), (6) Special guests invited/confirmed.

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Do you anticipate having resource or vendor tables/booths at your event/activity? \*

Select one



Yes  No

 Unsure

Event/Activity Attendance \*

Please select the projected attendance for your event.

Select one



0-50

 51-100

 101-500

 501-1000

 1001-2500

 2501-5000

 5001-7500

 7501-10000

 More than 10000

Event Start Date \*

Event End Date \*

Event Start & End Time(s)

Include AM/PM (for multiple-day events/activity, include times for each day).

Event Location - Venue Name \*

Event Location - Full Address \*

Include street address, city, state, zip code

Request Type \*

Select one



SMUD Participation Only (no cost)  In-Kind (goods or services)

 Monetary (single event/activity)  Monetary (annual partnership)

If In-Kind: Request Description

Please specify your in-kind request and include quantities, if applicable. Supporting attachments can be added at the end of the application.

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Sponsorship Request Amount \*

Please provide the minimum acceptable cash sponsorship amount you are requesting. Please note that most SMUD sponsorships do not exceed

$2,500.

Sponsorship Confirmation Deadline \*

Please provide the deadline by which you need a decision from SMUD.

Sponsorship Advertising Deadline

If applicable, provide the deadline for inclusion in advertising.

If your sponsorship request is approved, do you have in-language translation and/or accessibility needs for SMUD program materials (ie. Spanish, Tagalog, low vision, etc.)? While we may not be able to fulfill all requests, we will consider where possible

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SMUD Values Partnerships

If your organization is collaborating with other community-based partners to plan or organize this event/activity, please list them below:

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SMUD welcomes the opportunity to review multiple sponsorship requests from the same organization. Does your organization have other events/activities for which you will seek SMUD sponsorship in the next 12 months?

\*

Select one



Yes  No

If yes, do you have complete event/activity details? \*

Select one

 Yes  No

If yes: Please Consider Submitting Another Sponsorship Application

If no: Please share additional event/activity details

In the absence of complete details, please briefly describe any known details for each event/activity, including name, date, location, audience, etc.?

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# C ommunity Impact Plan

SMUD launched the [Z ero Carbon plan](https://www.smud.org/Corporate/Environmental-Leadership/2030-Clean-Energy-Vision) in 2021 with the goal of eliminating 100% of our greenhouse gas emissions from our electric generation by 2030. A major focus of the plan is to ensure that no community is left behind, particularly the most vulnerable populations in our service area.

To help achieve this, we leverage our Resource Priorities map to identify High Sensitivity Zones (i.e. local areas most likely to be under-resourced or in distress due to a variety of factors).

Instructions for Using the Resource Priority Map:

1. Open the R [esource Priority Map](https://smud.maps.arcgis.com/apps/MapJournal/index.html?appid=a0db9b3495e24223a454a74992b77a6e)
2. Select the magnifying glass at the top left and enter your address in the search bar.
3. Locate the dot on the map and determine the sensitivity level of your address (low, medium, or high) and answer the following questions:

Is your organization headquartered in a High Sensitivity (Red or Orange) zone within the Resource Priorities Map? \*

Select one

 Yes  No

My organization’s sponsorship request is for an event/activity that will take place in a High Sensitivity (Red or Orange) zone within the Resource Priorities Map. \*

Select one

 Yes  No

# A ttachments

You're almost done! We invite you to upload any relevant supplementary information or materials to support your sponsorship request. Required and recommended attachments are listed below.

W-9 (signed within the last two years) \*

Sponsorship Benefit Package

Other (Impact Report, Event Flyer/Program)

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