

# Together We Care Sponsorships, Partnerships & Donations



Site: Labrador City  Sept Iles  Montreal

### Contact Information

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Organization Details (if applicable)

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

Is your organization a: registered non-profit  registered charity

Please provide a description and purpose of your organization:

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### Donation Request

1. What is the nature of the request? *Please select all that apply.*

Cash

In-kind

2. Please clearly state the total amount requested: \$ \_\_\_\_\_ and/or provide details for the in-kind request: \_\_\_\_\_

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3. Please briefly describe the sponsorship request in 1-2 paragraphs. Please include the following:

- How the sponsorship will benefit the community
- How the sponsorship will provide value to IOC
- Description of the event or project
- How IOC's funds will be used

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4. a) What category best describes the nature of the event or project for which you are seeking sponsorship (*please select all that apply*):

- Health & Well Being
- Safety & Environment
- Innovation & Technology
- Inclusion & Diversity
- Education

b) For *each* priority area selected, please briefly describe how the project supports this community priority category.

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5. Has IOC sponsored your organization or event in the past? Yes  No

If yes, when and what was the nature of this sponsorship?

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6. Please select how the IOC logo/signage will be used (*please select all that apply*):

- Promotional material
- Merchandise
- Signage at the event
- Other \_\_\_\_\_

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7. Please indicate the processes your organization will use to measure the event's success:

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8. Please list the safety and security measures in place for this event or project:

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9. What additional sponsors will the event have?

# **Together We Care**

## **Sponsorships, Partnerships & Donations**



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10. Why would IOC be proud to be associated with your event/project?

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