



Sponsorship Application

(Must be received by MSPA at a minimum, six (6) weeks prior to event/activity)

Date: _____

Organization Requesting Assistance: _____

Organization Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Organization Mission: _____

Name of event, program, or project: _____

Date(s) of event, program, or project: _____

Is your organization classified as tax-exempt under sections 501(c) (3) or 170(c) of the United States Internal Revenue Code, or public agency?

_____ Non-profit _____ Public Agency _____ Neither

Organization's Tax ID#: _____

Dollar Amount or in-kind services requested: _____

Please provide a brief description of how the Port of Gulfport's resources will be used. (Please complete below. You may also attach supporting material.)

Which of the following targeted areas does this program support?

_____ Environmental Awareness _____ Economic/ Workforce Development

_____ Community Outreach _____ Educational/Cultural Event

Are their opportunities to include Port of Gulfport employees as volunteers in this program/event?

_____ Yes, opportunities exist _____ No, opportunities exist

How will the Port of Gulfport be recognized as a sponsor/participant?

Representative's Signature: _____

Representative's Printed Name: _____

Please attach the following with your application:

- Any additional supporting materials that can help with the consideration process.
- Brief description of services, programs, activities, and proposed marketing benefits.
- Organization/Program W-9 Form (For payment purposes).

Please Return To:

***Port of Gulfport Community Relations & Marketing Department
P.O. Box 40 Gulfport, MS 39502***

***Or you may email your completed form and additional information to
community@shipmspa.com.***

MSPA Use Approved: _____ Date: _____ Initials: _____
--