



## Community Sponsorship Request Form

Please complete the following form and submit with all required material to:

NewportFed  
Attn: NewportFed Charitable Foundation  
100 Bellevue Avenue  
Newport, RI 02840  
Or fax to: 401 848 5910

Date of Request: \_\_\_\_\_

Legal name of Organization: \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_

Date of Event & when funds are needed: \_\_\_\_\_

Is the organization requesting the sponsorship a Non-profit 501 (C) 3?

Yes, Tax ID Number is: \_\_\_\_\_ (please attached proof of status to this form)  No

How will the grant be used?

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

Geographic area served by project:

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

What community relations benefits will there be for NewportFed?

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

Does your organization have a banking relationship with NewportFed?

Yes Type of Accounts: \_\_\_\_\_  No

Previous sponsorship from NewportFed: Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Purpose/Event: \_\_\_\_\_

Other Funding Sources approached for this project (especially banks) and amounts requested/contributed:

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

United Way Fund recipient:  Yes what % of budget: \_\_\_\_\_%  No