



EVENT SPONSORSHIP REQUEST

Lorain County Veterans Service Commission
1230 N. Abbe Rd, Elyria OH, 44035
Phone: 440-284-4625
veterans@loraincounty.us

Lorain County Veterans Service Commission (LCVSC) may provide sponsorship for veteran-focused events hosted by Veterans Service organizations and community agencies.

ORGANIZATIONS ARE REQUIRED TO SUBMIT SPONSORSHIP REQUESTS AT LEAST 30 DAYS PRIOR TO YOUR EVENT TO ALLOW SUFFICIENT TIME FOR APPROVAL THROUGH THE VETERANS SERVICE COMMISSION AND INTERNAL PROCESSING.

Organization Name: _____

Primary Point of Contact: _____
Last First

Name/Date of Event: _____

Location of Event: _____

How much support is being requested and what will the funds be used for (dollar amount/purpose)

How Does Your Event Benefit Veterans? _____

1. Can the LCVSC set up an outreach table at your event? YES NO
2. Will our logo be used during this event? YES NO
3. Did you provide a copy of your organization's Form W-9? YES NO
4. Is this an annual event? YES NO
5. If yes, how many years has event been held: _____
6. How many people do you anticipate will attend this event? _____
7. Who will be the beneficiary of the proceeds raised for this event? _____
8. Please Note: If meals are provided during your event, please include any LCVSC staff supporting your event in the meal count.



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9. Please list any other relevant details that the LCVSC should know when considering your organizations request.

I have read, understand, and provided the required documents for receiving sponsorship assistance from the Lorain County Veterans Service Commission. I further understand that funding for the Lorain County Veterans Service Commission is through property tax revenues and understand that the Lorain County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers. I further understand that knowingly providing false, misleading or incomplete information when applying for sponsorship assistance may result in the denial of assistance now and in the future, required restitution, and subject to criminal prosecution. I hereby certify that all statements provided by me at any step of the application process are true, complete, and correct to the best of my knowledge.

Representative's Signature Date

Printed Name _____

Address _____

Email Address _____ Phone Number _____

We encourage all organizations to attend the Lorain County Veterans Service Commission Board Meetings regarding their requests for sponsorship. Please contact our office or visit our website for times and dates of all upcoming board meetings.