



## Community Services Sponsorship Request

KOAA-TV is dedicated to being an influential part of Southern Colorado’s Family.

Our community outreach expands past our airwaves & social media into the lives of our viewers: at your schools, supporting your causes and contributing our support to each and every member of Southern Colorado’s Family.

As a station, we invest time in causes that are close to our heart, and sponsor events and organizations that make an impact in the communities we serve.

Our commitment to the community is demonstrated by our talent and their participation in various events, supporting hundreds of organizations that make Southern Colorado a better place.

Together we can make a positive difference and support every member of Southern Colorado’s Family.

Please answer all questions to the best of your ability and indicate if a question is not applicable.

We require applications to be submitted 4-6 months prior to the date of the event. Thank you!

Date: \_\_\_\_\_

### I. General Information

Event Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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

Is this organization a registered 501(c)(3)? Yes [ ] No [ ]

Organization address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web address: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Event Specifics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Website for more information: \_\_\_\_\_

Phone # for more information: \_\_\_\_\_

Beneficiary of Event: \_\_\_\_\_

Percentage of Proceeds: \_\_\_\_\_

**Event Results/Goals**

Last Year Attendance: \_\_\_\_\_ Goal: \_\_\_\_\_

Last Year Gross Revenue: \_\_\_\_\_ Goal: \_\_\_\_\_

Last Year Net Gain: \_\_\_\_\_ Goal: \_\_\_\_\_

Ticket Prices: \_\_\_\_\_

Are you requesting promotional announcements from KOAA-TV? Yes [ ] No [ ]

Are you requesting promotional social media from KOAA.com? Yes [ ] No [ ]

What will KOAA-TV/KOAA.com be soliciting? \_\_\_\_\_

\_\_\_\_\_

What are your demographics for the event? \_\_\_\_\_

Please indicate level of requested sponsorship? \_\_\_\_\_

Is there an advertising budget available? Yes [ ] No [ ] Amount? \_\_\_\_\_

**II. Benefits offered to KOAA-TV**

List how KOAA-TV would be recognized as a sponsor including all collateral pieces, quantities, on-site, recognition, number of seats or full table, etc.: \_\_\_\_\_

\_\_\_\_\_

Exclusive manner to recognize KOAA 5: \_\_\_\_\_

Is there an opportunity for a KOAA-TV on-air personality to participate? Yes [  ] No [  ]

In what capacity? \_\_\_\_\_

If on-air personality is to emcee, when will a script be provided? \_\_\_\_\_

List other sponsors and indicate level, as well as if they are cash or in-kind:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: Agreement is between organization and KOAA-TV.

If organization wishes other sponsors to be recognized through KOAA-TV sponsorship, this must be agreed upon in writing by both parties.

You will be contacted within two weeks within receipt of this form by KOAA-TV. Thank you for contacting KOAA-TV to partner with you for your community event.

**Please return completed form to:**

KOAA-TV

Marketing/Community Affairs Director

5520 Tech Center Drive

Colorado Springs, CO 80919

OR

[dreeve@koa.com](mailto:dreeve@koa.com)