

donation sponsorship request application

Date _____

Name of Organization _____

Address _____

Province/State, Country & Postal Code/Zip _____

Telephone _____ Name of Contact _____

Email _____ Website _____

Charitable Registration Number/Non-profit Status *if applicable* _____

Description of Event, Program or Project _____

Organization Operating Budget _____

Description/Purpose of Organization _____

Contribution Request

Please select all that apply

Amount\$ _____ Room Nights# _____

Other _____

If requesting room nights, please indicate

Chain _____ Property Name/Location _____

Organization Reach

Does your organization provide services

Locally

Provincially

Nationally

Internationally

Number of Paid Employees _____ *Number of Volunteers* _____

Sandman Hotel Group Communities

Have you previously received donation funding from Sandman? No Yes

If 'Yes', please provide additional details _____

Is your organization located in a destination where Sandman has a property or corporate presence? No Yes

And/or is this project/application endorsed by a specific Sandman property? No Yes

If 'Yes', please indicate which location and any additional property support provided (event/meeting venues, employee fundraising, prize donations) _____

Which of the following areas describes the nature of the project

Please select only one

Hospitality Education & Skills Training

Youth Development

Community Health Care & Wellness

Environmental Stewardship

Shelter & Food Programs

Other _____

Event/Program/Project Description

Please provide a brief but specific description of the project, including the scope of its impact and expected achievements

Budget & Timetable

Please include or attach a synopsis of the total project budget, revenues and expenses as well as start and finish dates

Utilization of Sandman Hotel Group Funds

Please indicate how you anticipate Sandman funds will be used to meet the goals of the project by checking all that apply

- | | |
|--|--|
| <input type="checkbox"/> Training (Staff or Volunteer) | <input type="checkbox"/> Capital Campaign |
| <input type="checkbox"/> Increase in Staff | <input type="checkbox"/> General Operations & Overhead |
| <input type="checkbox"/> New Equipment | <input type="checkbox"/> Specific Event |
| <input type="checkbox"/> Purchase of Materials | <input type="checkbox"/> Other _____ |

Recognition

Please indicate how the Sandman Hotel Group will be recognized for its support of the project by checking all that apply

- | | |
|---|--|
| <input type="checkbox"/> Newspaper or Magazine Coverage | <input type="checkbox"/> Permanent Signs |
| <input type="checkbox"/> Website | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Recognition at a Public Event |
| <input type="checkbox"/> Logo or Name Placement | <input type="checkbox"/> Other _____ |

Mail Application to

Sandman Hotel Group, Donation/Sponsorship Requests, 310 1755 W Broadway, Vancouver BC, Canada V6J 4S5

On receipt you may be contacted for additional supporting documentation such as financial statements or a Board of Directors and Offices list. Please do not send videos, annual reports, etc at this stage.