

Request Form



APPLICATION INFORMATION

Organization/Busi	ness Name
Primary Contact Name	Phone Number:
Email:	
Mailing Address:	Physical Address:
МЕМВЕ	R DETAILS
Member in good	Yes
standing:	No (Explain community Impact)
IRS Status:	For profit Other
	501(c)(3)
W-9 Attached:	Yes
	No



Request Form



EVENT DETAILS

Event Name:				
Date:				
Time:				
Venue Address:				
			_	
			_	
Has the venue been booked:	Yes	No	-	
Is this a ticketed event?	Yes	No		
Expected Attendar	nce:			
Audience Profile (v	vho will	attend)		



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Jones County Chamber of Commerce Mission Statement

The Jones County Chamber of Commerce is dedicated to driving economic growth and fostering a stronger, more vibrant community by championing pro-business initiatives and offering valuable membership incentives for our diverse network of businesses.



IMPACT & ALIGNMENT

How will this event benefit Jones County? (Tie to Chamber mission statement above)
Describe measurable outcomes (ex: jobs created, vendors supported, community reach):
How will local vendors/businesses be utilized?
Estimated economic/community impact:



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BUDGET CLARITY
Total Event Budget: \$
Amount Requested from the Chamber: \$
Other Confirmed Sponsors & Amounts:
Pending Sponsors & Amounts:
Itemized use of requested funds:
MARKETING & RECOGNITION
Event Marketing Plan (channels, timeline, reach):
Sponsorship Recognition Deliverables:
Logo placement (provide deadlines & file formats)
Mention in advertising /public recognition
Social media acknowledgement
Merchandise/swag



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RISK & COMPLIANCE

Alcohol Served? (If yes, provide permits & compliance documentation)				
Yes No				
Accessibility accommodations included?				
Yes No				
Proof of event insurance attached?				
Yes No				



POST-EVENT REQUIREMENTS

Recipients must submit a post-event report within 14 days, including

- Attendance numbers and audience demographics
- Photos and samples of recognition received
- Metrics on measurable outcomes and economic/community impact
- Accounting of how funds were used

Failure to submit will affect eligibility future requests

Unused or misapplied funds must be returned to the Chamber



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AGREEMENT & STATEMENT OF UNDERSTANDING

By signing below, I acknowledge the information provided is accurate. I agree to comply with the Chamber's sponsorship guidelines, brand standards, and reporting requirements. I understand that the Jones County Chamber of Commerce retains sole discretion over sponsorship approval and amounts. All sponsorship requests must be submitted at least 30 days prior to the event date for consideration.

Signature:			
Date:			

THANK TO OUR PREMIER MEMBER SPONSORS











