



COMMUNITY PARTNERSHIPS REQUEST FORM

All sections of the form must be completed by the requester. The information must be legible. Forms must be submitted to msdpartnerships@louisvillemsd.org along with a copy of the current W9 (2018 or newer).

SECTION 1: Organization (All Fields Required)

Organization Name: _____

EIN Number: _____ Tax Exempt Status: 501c3 501c6 School Other: _____

Pres./CEO/Exec. Dir. Name: _____

Pres./CEO/Exec. Dir. Email: _____

Website: _____

Mailing Address (Street): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Remittance Address (Street): _____

City: _____ State: _____ Zip Code: _____

Remittance Email: _____

Is this organization affiliated with a national org? Yes No If yes, name: _____

Provide a brief statement describing the organization's mission/vision/goals.

SECTION 2: Point of Contact (All Fields Required)

Name: _____

Phone: _____

Email: _____

SECTION 3: Additional Information

Service Area(s): _____

Does your organization have a newsletter that acknowledges sponsors? Yes No

Please describe newsletter details (name, frequency, audience size, etc.).

SECTION 4: Partnership Request

Specify request type: Sponsorship In-Kind Services

Category of request: Environmental Education Economic Development

Event Name: _____

Event Location: _____

Event Date/Time: _____

Total Cost \$: _____

Financial Amount Requested from MSD \$: _____

In-Kind Request from MSD. Describe below (time, volunteer hours, material(s), equipment, etc.):

Brief event summary:

What community need are you addressing?

Describe how the community will benefit, including specific results and metrics (i.e. number of people served, participant achievements, etc.) from the last three years, if requested funding will support a recurring project.

If you are a successful awardee, please describe how your organization will publicly acknowledge this contribution.

SECTION 5: Payment & Signature

For approved awardees requesting a financial sponsorship, what is the preferred method of payment? Louisville MSD may not always be able to pay via preferred method.

Check Credit Card ACH/Wire Transfer

Please Sign and Date (REQUIRED):

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

SUBMIT FORM AND CURRENCY W9 TO:

MSDPARTNERSHIPS@LOUISVILLEMSD.ORG

QUESTIONS? PLEASE CONTACT:

TIM MORAN
BUSINESS & COMMUNITY PARTNERSHIPS ADMIN
EMAIL: TIM.MORAN@LOUISVILLEMSD.ORG
PHONE: 502.678.8126