

CRDA

Casino Reinvestment Development Authority



SPONSORSHIP APPLICATION

Application#: 22-

Submitted On :

Name of Organization

15 S. Pennsylvania Avenue
Atlantic City, NJ 08401

www.njcrda.com
Phone: (609) 347-0500

Phil Murphy, Governor
Sean M. Pattwell, Executive Director

Revised June 2022

Sponsorship Application

Application Tracking #: SA-2020-

Date of Application: _____

Name of Entity /Organization: _____

(If Organization, this should be the same as on IRS determination letter and as supplied on IRS Form 990)

Event Name: _____

(Please submit a copy of the event flyer to this application)

Federal ID#: _____

(Issued by Federal Government for Tax Purposes)

Sponsorship Amount: \$ _____

Primary Contact: _____

(Person in charge of signing contract)

Email: _____

Phone: _____ Fax: _____

Address: _____

(Please provide the mailing address where the check is to be mailed)

Have You Received Prior Funding From The CRDA? ☐ Yes ☐ No If Yes, when? _____

Type of Project: _____ Amount Given: \$ _____

Are You or Any of Your Immediate Family Members Employed by the CRDA? ☐ Yes ☐ No

If Yes, Please State Name(s): _____

Event Purpose / Goals: _____

(Please Use additional page if you need more space or you can attach proposal documents)

Social Impact Statement

The CRDA is committed to ensuring that all project funds have a return on investment to the Atlantic City community. Please answer the following questions to the best of your abilities with respect to scope and what groups stand to benefit from this project.

Has your organization/entity provided services/to the Atlantic City community? If so, please describe your work and its impact. Please provide background information for your business or organization.

Please describe the immediate benefactors/demographic that will benefit from the funding of this sponsorship. Are they Atlantic City residents? Please be as specific as possible and please provide an estimated number of people impacted.

Please provide to the best of your knowledge the number of people impacted by your event. Is this an event you wish to replicate in the future? If so, are there other partners/stakeholders that should be involved?

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. All information provided in this section of my application is correct and truthful,
2. All funds disbursed by CRDA for this project was not re-distributed and was used in the manner originally proposed, and
3. All funds granted by the CRDA was used in a lawful manner.

Signature(s):

Authorized Individual(s) To Sign On Behalf Of Person, Organization Or Entity

Date