

# CRDA

Casino Reinvestment Development Authority



## SPONSORSHIP APPLICATION

---

**Project Name**

15 S. Pennsylvania Avenue  
Atlantic City, NJ 08401

[www.njcrda.com](http://www.njcrda.com)  
Phone: (609) 347-0500

Phil Murphy, *Governor*  
Sean Pattwell, *Executive Director*  
Maisha Y. Moore, *Deputy Executive Director*

Received by staff on: \_\_\_\_\_

Revised October 2022



## **Mission Statement**

The CRDA's mission is to maintain public confidence in the casino gaming industry as a unique tool of urban redevelopment for the City of Atlantic City and to directly facilitate the redevelopment of existing blighted areas and to address the pressing social and economic needs of the residents of the city of Atlantic City. The CRDA, through its shared powers of planning and zoning with the City, uses casino tax dollars generated by the casino industry as a catalyst for meaningful, positive change and in doing so, the CRDA has positively altered the Atlantic City's residential, commercial, cultural, and social landscape, while financially supporting quality-of-life improvement efforts throughout the City.

## **Sponsorship Application Instructions**

Please make sure to read all the instructions for this Sponsorship Application and provide the requested documents upon submission. Please note, any omissions or failure to provide necessary documentations to the CRDA could delay the processing of this application. The CRDA reserves the right to deny or alter funding amounts as it deems necessary.

## **Sponsorship Defined**

For purposes of the CRDA's Sponsorship Application, funding may be requested when added financial support to execute an organizations event or project is needed.

## **Eligibility**

1. Non -profit 501 (c)3, not-for-profit, and or tax-exempt organization located in New Jersey.
2. All projects considered for a sponsorship must benefit the residents and community of Atlantic City, New Jersey.
3. A sponsorship recipient may only receive funding once per year from the date funds were approved and may reapply for additional funding the following year, if available.

*All applicants must provide (1) original and (1) copy of a complete application, along with an itemized budget as to how the funds will be spent or a copy of the event sponsorship levels. This application can be emailed, delivered in person, or mailed to:*

Casino Reinvestment Development Authority  
15 S. Pennsylvania Avenue  
Atlantic City, New Jersey 08401  
Attn: Dawn Hinton  
[dhinton@njcrda.com](mailto:dhinton@njcrda.com)



The name of the event to be sponsored must be listed on the front page of this application. The applicants name, address and contact information must also be included in the application package. **The Authority reserves the right to ask for any additional information and/or documentation pertaining to the event or project. All funds will be disbursed once the CRDA receives all necessary documents.**

### **Application Check List:**

- Completed and signed application
- Please provide Federal ID#
- Community Impact Statement page must be completed.
- Please attach event flyer or levels of sponsorship information
- W-9, if awarded Sponsorship funds

# Sponsorship Application

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)

Name of Event: \_\_\_\_\_

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

Federal ID # : \_\_\_\_\_

Sponsorship Request Amount: \$ \_\_\_\_\_

(Issued by Federal Government for Tax Purposes)

Primary Contract: \_\_\_\_\_

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

(Person in charge of signing contract)

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

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date(s) of the Event: \_\_\_\_\_

Will the Event Take Place in Atlantic City?  Yes  No

Event Location: \_\_\_\_\_

Have You Received Prior Funding From the CRDA?  Yes  No If Yes, What Year? \_\_\_\_\_

Type of Event: \_\_\_\_\_ Amount Given: \$ \_\_\_\_\_

Have Other Sponsors/Funds Been Obtained for this Event ?  Yes  No

What is the Deadline for Your Funding Request? \_\_\_\_\_

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

If Yes, Please State Name(s): \_\_\_\_\_

Are You a Current or Past CRDA Board Member? If Yes, When? \_\_\_\_\_

Event Purpose / Goals: (Please use additional page if you need more space or you can attach proposal documents) \_\_\_\_\_

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

# Sponsorship Application

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 previously provided services to the Atlantic City community prior to this application? If so, please describe your work and its impact. Please, also, provide background information for your business or organization. (Please use an additional sheet if necessary)**

**Please describe the immediate benefactors 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 to be impacted. (Please use an additional sheet if necessary)**

**Please provide to the best of you knowledge the number of people that will be 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? (Please use an additional sheet if necessary)**



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

- 1.** All information provided in this section of this application is correct and truthful.
- 2.** All funds disbursed by the CRDA for this project were not re-distributed and were used in the manner originally proposed.
- 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*

---

*Print Name*

---

*Date*