



# DOWNTOWN CAMBRIDGE

BUSINESS IMPROVEMENT AREA

## EVENT SPONSORSHIP GRANT APPLICATION

### PRIMARY CONTACT INFORMATION

First Name

Last Name

Email

Phone Number

### BUSINESS/ORGANIZATION INFORMATION

Business Name

Business Website

Business Address (including postal code)

Business Phone Number

Business Email

### EVENT INFORMATION

Event Name

Event Date

Description of proposed event:



P.O. Box 1723, Station Galt, Cambridge, Ontario N1R 7G8  
info@downtowncambridge.ca





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### WHAT SUPPORT IS NEEDED FROM THE BIA?

Please list/describe how any monetary funds provided by the BIA will be used:

Please list/describe any additional support requested from the BIA (marketing, promotion, volunteers, etc.):

How will this event benefit the businesses in Downtown Cambridge?



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If your organization receives funding from the Downtown Cambridge BIA, how will you publicly acknowledge that financial support?

In order for your application to be considered, you **MUST** attach the following:

1. A preliminary budget for your event.

Amount Requested

\$

Application Date

Applicant Signature

### ADMIN USE ONLY

Amount Granted

\$

Date

Downtown Cambridge BIA Rep Name

Downtown Cambridge BIA Rep Signature



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