

Co-Sponsorship Procedures and Guidelines

What is a co-sponsored event?

A co-sponsored event is defined as an event that is planned and conducted by an outside non-profit organization with the assistance of City staff time, equipment, public safety services and/or the use of facilities. The City of Fontana allocates funds (if available) annually for the purpose of assisting non-profit Fontana-based organizations hosting community events. The City does not provide monetary funds for these co-sponsored events, but in-kind services. Applications are reviewed on a fiscal year basis (July – June). Organizations seeking co-sponsorship assistance are required to submit a Co-sponsorship application ONLY from February 1st thru February 28th of each year. All applications must be turned in (1) one year prior to your event. Types of sponsorship vary and are based on the needs of the non-profit group.

There are three designated types of co-sponsorship:

Facility Usage:

Requests that include facility usage such as community meetings or events that take place in a City park/sports field. Co-sponsorship applicants requesting the use of a facility must also complete a Facility Use Agreement Application along with their co-sponsorship application paperwork.

Special Events:

Parades, festivals and carnivals that take place within City limits may be considered for co-sponsorship by the City of Fontana. Any carnival or circus held within the City must also file a separate application with the Business Services Division.

Equipment Usage:

Any use of City equipment including sporting equipment, generators, stages, tables, chairs, canopies, etc.

Procedure for Requesting City Co-Sponsorship or Special Event

1. Complete the Special Event Application and all appropriate paperwork.
2. Submit application to:*

Community Services Department
Attn: Special Events
16860 Valencia Ave.
Fontana, CA 92335

*Co-Sponsorship applications are ONLY accepted during February of each year to host an event for the following fiscal year

3. Upon receipt of request, staff will verify eligibility & coordinate the process and responses from other City departments and contact the applicant regarding their application status.
4. Upon approval by the Park and Recreation Commission, request will be forwarded to City Council for consideration as part of the annual Budget Adoption process (June).
5. Upon approval by the City Council, the applicant will be notified in writing.
6. Organizations that receive approval must recognize the support of the City. All publicity and advertisements for the event must include the City of Fontana logo.
7. If applying for the use of a facility, a Facility Use Permit application must be filled out in addition to the co-sponsorship application. Cancellation of a facility use with less than thirty (30) days notice, Class 3 Rental Facility fees will be charged to the organization according to the Facility Rental Policy.
8. The Community Services Director, or designee, can approve co-sponsorship requests for the use of facilities that do not impact facility rentals and/or programs which do not exceed \$5,000 cumulatively, annually.
9. All employees/volunteers of applicant will adhere to any direction given by City representatives. Failure to do so may result in a cancellation of event.
10. Insurance, in the form and amount deemed appropriate by the City, shall be provided by the applicant at no cost to the City. Insurance must also name the City of Fontana as additionally insured and a certificate must be submitted at least one month prior to event.

Co-Sponsorship Criteria Checklist

All applications in consideration must meet the following criteria:

- Attach a cover letter fully detailing your event and its purpose.
- Applicant must show proof of 501(c) 3 non-profit status or that the event is not for profit.
- Applicant must be based in the incorporated boundaries of the City of Fontana.
- Applicant's event must be open to all Fontana residents.
- Applicant must fill out a Special Event Application.
- Applicant must select a tier rating for the organization.
- The applicant's event must be a benefit to the Fontana Community.
- Submit Co-Sponsorship Application to the Community Services Department throughout the month of February for an event taking place the following fiscal year (July – June).
- Attach detailed budget sheet

- How much are you spending on this event? \$ _____
- How much revenue do you anticipate? \$ _____

At the time of application, each organization must identify which tier their co-sponsorship request will fall under.

- Tier 1:** Organization provides minimum of eighty percent (80%) of program resources and funding.
- Tier 2:** Organization provides minimum of seventy percent (70%) of program resources and funding.
- Tier 3:** Organization provides minimum of fifty percent (50%) of program resources and funding.

* All organizations must provide a minimum of fifty percent (50%) of the program's resources (i.e. funding, equipment, advertisement) and a budget sheet with a break down of the events costs to be eligible to apply for co-sponsorship with the City.

Dates to Remember

Co-Sponsorship Application Acceptance – Month of **February**
Park & Recreation Meeting Application Approval – **April**
City Council Meeting Application Approval – **First Meeting in June**



Special Event Application

This application must be submitted for any special event held on City property and/or requiring City services. An approved certificate of liability insurance must be received no later than 30 days prior to the event date. All co-sponsorship applications are subject to approval by the Parks and Community Services Commission and/or the City Council. The action to approve an event will state conditions which must be met for the event to be held.

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Please print or type the information below and answer all areas as thoroughly as possible. If the information does not pertain to your activity, indicate *not applicable (N/A)*.

Name of Event: _____

Type of Event: _____

Date of Event: _____ New Event Returning Event; # of years offered: _____

Proposed Starting Time: _____ Proposed Ending Time: _____

Set Up Time: _____ Tear Down Time: _____

Requested Location(s): _____

* If applying for a carnival a separate **Application for Carnival, Circuses, Etc.** must be filed with the Business Services Division

Hosting Organization: _____

Events Chairperson (s) Names (s) _____

Address: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Message Phone: _____ Email Address: _____

Alternate Event Contact: _____ Phone: _____



Who is the target audience for the activity? _____

Estimated Attendance: _____ Estimated Number of Volunteers/Staff: _____

Will any fees be charged? YES NO If so, what fees will be charged? _____

Will fees be collected on site? YES NO Who will the proceeds benefit? _____

Are you requesting that alcohol be served? YES NO Will alcohol be sold on site? YES NO

ALCOHOL: Serving alcohol is subject to approval pursuant to section 16-17 of the Municipal Code.

STREET CLOSURES

Are you requesting that any public streets be closed for this event/activity? YES NO

If YES, identify the streets/blocks and indicate the times the closure is requested:

Will there be any equipment in the public right of way (car displays, tents, etc.)? YES NO

TRAFFIC CONTROL/BARRICADES

A traffic control contractor may be required for events which require barricades or traffic control signage. An approved traffic control plan will be required prior to implementing any closures. Plan should specify pedestrian management, traffic signal modifications, etc. (A changeable message sign may also be required.)

Please list your traffic control contractor and/or traffic control plan if applicable:

VEHICLE LOADING/UNLOADING

Are you requesting that vehicles be permitted to load/unload on city streets? YES NO

If YES, please indicate the location and times loading and unloading would occur:

CITY STAFF

Will City staff be requested for:

- Planning
 Set-Up
 During Event
 Clean-Up

If so, indicate the estimated number of staff, duties to be performed and hours to be assigned:

If City staff assistance is requested, the applicant may be charged additional fees to cover the cost incurred by the city. Please note that additional staff may be added at City's discretion

PARK SITES

If requesting to use a park site, please indicate the name of the park: _____

If not using the entire park, please indicate specific area of use:

EQUIPMENT

Please indicate if the following equipment is requested from the City and the number of units required:

- | | |
|--|---|
| <input type="checkbox"/> PA and Speaker System: _____ | <input type="checkbox"/> Tables: _____ |
| <input type="checkbox"/> Easy-ups: _____ | <input type="checkbox"/> Chairs: _____ |
| <input type="checkbox"/> Generators with spider box: _____ | <input type="checkbox"/> Extension Cords: _____ |
| <input type="checkbox"/> Light Towers: _____ | <input type="checkbox"/> Stage & Size: _____ |
| <input type="checkbox"/> Podium: _____ | <input type="checkbox"/> Mics: _____ |
| <input type="checkbox"/> Delineators: _____ | <input type="checkbox"/> Cones: _____ |
| <input type="checkbox"/> Other: _____ | |

CLEAN UP AND TRASH REMOVAL

Clean up of the event area immediately following the event, including trash removal from the site, is the responsibility of the applicant:

Please name the contractor or organization responsible:

Clean Up: _____ Phone #: _____

Trash Removal: _____ Phone #: _____



VEHICLES ON PARK GROUNDS

Vehicles, including catering vehicles, are not normally permitted to drive or park randomly on the public park grounds due to extensive underground irrigation systems that sustain damage when vehicles drive across control boxes and heads.

Are you requesting that vehicles be permitted to drive or park on public grounds? YES NO

If YES, please indicate the type(s) of vehicles and the locations and times they would be driven:

PORTABLE RESTROOMS

Will additional portable restrooms be brought to the event site? YES NO

If YES, please name the company bringing the portable restrooms:

Company Name: _____ Phone #: _____

Number of Restrooms: _____ ADA: _____

FIREWORKS

An additional application must be processed with the San Bernardino County Fire Department a minimum of 90 days prior to your event for fireworks or pyrotechnics. An additional fee may apply.

Are you requesting approval to provide a fireworks show at the event? YES NO

Length of Show: _____ # of aerial fireworks: _____ # of ground fireworks: _____

FOOD & OTHER VENDORS

Food vendors must contact San Bernardino Count Public Health in advance of their event for required permits and guidelines. The event organizer shall obtain copies of temporary food service licenses from food vendors prior to the event. In addition, all vendors selling food or other products must have a City of Fontana Business License.

Will food be served at the event? YES NO

If YES, the food is:

Provided Free Cooked or Prepared On-Site Being Cooked on an Open Fire (Barbeque)

Available for Purchase If available for purchase, is event: For Profit Non-Profit

Please provide a menu of the food you will be serving: _____

Are you requesting approval to offer other items for sale at the event? YES NO

If YES, types of items for sale: _____

Please Note: All applicants will be notified by the Community Services Department regarding the status of the application upon the conclusion of the review period by City Departments.

Applicant Signature (Required) _____ Date _____

Title _____

Applicants Printed Name _____

Name of Organization, Department/Division _____



City of Fontana
DEPARTMENT ROUTING SHEET

(For internal use only)

| Department/Division | Recommendation | Estimated Cost | Signature | Comments |
|---|---|----------------|-----------|----------|
| Building & Safety | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Planning | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Police | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Public Works | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Fire | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Human Resources/ Risk Management | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Engineering | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Community Services | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| City Clerk's Office | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Business Licensing | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | \$ | | |
| Total Estimated Revenue for Event: | | \$ | | |
| Total Estimated Cost to City Departments: | | \$ | | |

FINAL EVENT APPROVAL:

- Approved
- Disapproved
- Approved
- Disapproved

 Community Services Director

 Date

 City Manager or designated Deputy City Manager

 Date