

**Mission Statement**

The Capital Area Sports Commission is a sales and support organization that promotes amateur athletics in Illinois’ capital area. We will emphasize our extensive athletic facilities and our world class Abraham Lincoln attractions in our affordable and family friendly atmosphere. In doing so, we will enhance economic growth, athletic opportunities and quality of life for the area.

**Assistance Request Guidelines**

Capital Area Sports Commission distributes and tracks all assistance in exchange for promoting the Capital Area Sports Commission and their mission at your event.

# The following agencies are eligible to receive assistance

Community agencies/organizations, for profit organizations, private individuals, and other non-profit groups whose mission ties closely with the Sports Commission.

# Assistance Request Guidelines

For your assistance request to be considered, please complete and submit the **Assistance Request Form** at least sixty (60) days prior to the event or any set deadline, whichever comes first.

***Please note:*** The CASC meets the second Monday of each month. If you do not receive correspondence two weeks prior to your event or your stated deadline, this means we were unable to grant your request.

One request per event/program will be considered.

If you have received assistance from the Sports Commission in the past, please be aware that does not insure you will receive assistance in the future.

Assistance vary according to the type and size of the program/event, age range of potential recipients, and the method of distribution/award.

## Recognition/Acknowledgment of the Capital Area Sports Commission for the Assistance

Please provide some type of recognition acknowledgment from your event (a thank-you note, program write-up, poster, etc.) so we can share partnership information with the Capital Area Sports Commission Board.

In exchange for providing your organization with assistance, we require that you include the Capital Area Sports Commission logo on the printed materials promoting your event and prominent signage of the Sports Commission banner at your event.

## Granting Authority

All Assistance requests must be approved by Capital Area Sports Commission president or by the Sports Commission Board as a whole.

If you receive assistance and your event does not occur, 100% of the assistance must be returned to the Capital Area Sports Commission.



Assistance Request Form

***Please closely review the Assistance Request Guidelines document first to see if your request can be considered. Please fill out all areas of the form completely to be considered for assistance.***

***Thank you!***

1. *Name of Organization \_*
2. *Is this Organization not for profit? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_*

*If Yes, please provide NFP Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *Address of organization*
2. *Name of Event*
3. *Location of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
4. *Dates of Event \_\_\_\_\_\_\_\_\_\_* ***7.*** *Anticipated number of Athletes\_\_\_\_\_\_\_\_\_*

***8****. Ages of Athletes \_\_\_\_\_\_\_\_\_\_* ***8.*** *Number of Spectators \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***9****. Number of Athletes Travelling outside a 100 Mile Radius of the Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***10****. Anticipated Number of Hotel Rooms Each Night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***11****. How long has this been held in Springfield? \_\_\_\_\_\_\_*

***12****. Are other communities bidding on this event? \_\_\_\_\_\_\_* ***13.*** *If Yes, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_*

***14****. Amount of Funds Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***15****. How will those funds will be used for your event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***16****. Volunteers Needed? \_\_\_\_\_\_\_\_ 17. If Yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***18****. How will volunteers be used? Please list any shifts that will need filled, the number of volunteers for each shift, ages of volunteers, and the description of duties of volunteers.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***19****. Are volunteers covered under your insurance policy? \_\_\_\_\_\_\_*

***20****. Requestor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Street Address City State Zip*

*Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Media Accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*