

SPONSORSHIP APPLICATION



GENERAL INFORMATION

Title First Name Last Name

Organization Legal Name Position at Organization

Mailing Address

City Province Postal Code

Telephone Number Email Address

Is the organization an Alterna Savings Member? Yes No

Is the organization an Alterna Bank Client? Yes No

Is the individual filling this application an Alterna Savings Member or Alterna Bank Client? Yes No

If an Alterna Savings Member or Alterna Bank Client what location is your home branch?

Year Joined Account Number

Which of the following best describes the organization? For Profit Non Profit

What does the organization do?

SPONSORSHIP DETAILS

Name of Sponsorship _____

Start Date *(Note: requests submitted less than 3 months from the start date will not be considered)* _____

End Date _____

Please provide a brief description of your sponsorship opportunity:

Is your sponsorship opportunity an event? If yes, please indicate which type.

- | | | |
|---|---|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Entertainment/Show | <input type="checkbox"/> Recruiting Type Event |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Sporting Event | <input type="checkbox"/> Dinner / Gala |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Expo | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Other, please specify: _____ | | |

Which, if any, of these categories does your sponsorship fall into?

Please check the **ONE** that most applies.

- | | |
|---|--|
| <input type="checkbox"/> Art & Culture | Cause: |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Charity please specify: _____ |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Poverty Alleviation |
| <input type="checkbox"/> Professional Organization | <input type="checkbox"/> Animal Rights |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Other cause please specify: _____ |
| <input type="checkbox"/> Other, please specify: _____ | |

Does this sponsorship directly impact any of the following groups/segments?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> LGTBQ | <input type="checkbox"/> Women | |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> New Canadians | <input type="checkbox"/> Defence Community | <input type="checkbox"/> Other marginalized communities |
| <input type="checkbox"/> Other, please specify: _____ | | | |

PRIMARY LOCATION OF SPONSORSHIP

Venue _____ City _____

Province/Territory _____ Date _____ Time _____

If your sponsorship opportunity occurs in more than one location, please describe below and list the other locations.

WEBSITE AND PUBLIC LINKS

Organization's official website: _____

Facebook: _____

Twitter: _____

Other: _____

Other: _____

SPONSORSHIP COSTS AND BENEFITS

Sponsorship Amount Requested _____ What date do you need a decision by _____

What is the total sponsorship goal _____ Expected Attendance or Exposure (*how many people will your initiative reach*) _____

In return for the sponsorship Alterna Savings will receive (*please list what your sponsorship provides to Alterna Savings*):

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

What are the marketing benefits to Alterna Savings? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> TV | <input type="checkbox"/> PR | <input type="checkbox"/> Hospitality Opportunities |
| <input type="checkbox"/> Radio | <input type="checkbox"/> In-Branch | <input type="checkbox"/> Speaking Opportunities |
| <input type="checkbox"/> Print | <input type="checkbox"/> Onsite promotions | <input type="checkbox"/> Use of marks and logos |
| <input type="checkbox"/> Online advertising | <input type="checkbox"/> Online signage | <input type="checkbox"/> Other, please specify: _____ |

DEMOGRAPHICS OF ATTENDEES OF THE SPONSORSHIP

Age _____ Household income _____

Levels of education _____ Other _____

Who is already confirmed as your other sponsors?

	Amount received
1	Amount received
2	Amount received
3	Amount received
4	Amount received
5	Amount received
Other	Amount received

Is there an opportunity for Alterna Savings to be an exclusive sponsor? Yes No

If yes, what is the cost of being an exclusive sponsor: _____

What opportunities exist, if any, for Alterna Savings employees to participate?

SUBMISSION PROCESS

Your application, once submitted to sponsorship@alterna.ca will be reviewed by the Alterna Savings Sponsorship Committee. Be sure to review the Alterna Savings Sponsorship Guidelines as listed on alterna.ca to ensure your sponsorship request aligns with Alterna Savings' Corporate Sponsorship mandate and for further information to help understand expectations. Applications not accompanied by Alterna Savings' official sponsorship form will not be evaluated.

Please submit your request at least 3 months before your sponsorship date.

***NOTE** Alterna Savings receives a great number of asks for sponsorship dollars from worthy causes and as a small organization our sponsorship dollars are very limited. Those proposals meeting specific guidelines, and further our strategic goals and objectives, will be considered for funding. A representative from the Alterna Savings Sponsorship Committee will follow up once applications have been reviewed.

Our network is on a secure network and sometimes the system may tag emails as spam or a virus. If you do not hear from a representative please feel free to follow up to confirm application status.