



Application for Support from Mayor's Council on Physical Fitness

Please fill out this application for seeking sponsorships and/or assistance from the Mayor's Council on Physical Fitness. Support is only made available to community-based nonprofit entities that help improve the physical fitness of those who live in Abilene, Texas. Applications are due on the 1st day of the month prior to the event date.

The Mayor's Council has several methods of support available for physical fitness events and fitness/wellness outreach programs. Event sponsorships are available for up to \$500 per event. The Mayor's Council will review applications once a month. All successful applicants will enter into a memorandum of understanding with the City of Abilene.

For agencies awarded event sponsorships or other types of support, the following requirements must be met:

- the applicant is required to submit an event evaluation form within 14 days following the event, describing how the assistance was used and which demographics were reached.
- the applicant is required to feature the Mayor's Council on Physical Fitness logo in their advertising or t-shirt

Send completed applications to: City of Abilene, Attn: City Manager's Office, P.O. Box 60, Abilene, TX 79604 or e-mail to: mayorscouncil.physicalfitness@abilenetx.com. Please call 325-676-6206 if you have questions or require assistance in completing the application.

Name of Agency: _____ Today's Date: _____

Contact Person: _____ Contact Phone Number: _____

Email Address: _____ Tax ID Number (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Event and/or Program: _____

Event Date: _____

Purpose of Event and/or Program:

Application for Support from Mayor's Council on Physical Fitness (continued)

Target audience for event and/or program (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> 3-5 year-olds (young children) | <input type="checkbox"/> 6-9 year-olds (elementary) |
| <input type="checkbox"/> 10-12 year-olds (pre-teen) | <input type="checkbox"/> 13-17 year-olds (youth) |
| <input type="checkbox"/> 18-25 year-olds (young adults) | <input type="checkbox"/> 26-64 year-olds (adults) |
| <input type="checkbox"/> 65+ year-olds (seniors) | <input type="checkbox"/> College students |
| <input type="checkbox"/> Persons with special needs | <input type="checkbox"/> Families |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Applicant's cost per participant (if applicable) \$ _____ Event registration fee (if applicable) \$ _____

Type of support requested (check all that apply): **Be as specific as possible about your request**

Check here	Possible uses of Mayor's Council on Physical Fitness support may include but are not limited to:	Dollar amount requested by Applicant
<input type="checkbox"/>	Funds to be used for event sponsorship	
<input type="checkbox"/>	Funds to be used for T-shirts and/or giveaways	
<input type="checkbox"/>	Funds to be used for advertising costs (ex. print, radio, TV, outdoor)	
<input type="checkbox"/>	Funds to be used for printing costs (ex. flyers, banners, brochures)	
<input type="checkbox"/>	Funds to be used for production of Public Service Announcement	
<input type="checkbox"/>	Funds to be used for other purposes (please specify use)	
<input type="checkbox"/>	Bottled water with Mayor's Council on Physical Fitness logo	

Briefly explain how the requested support from the Mayor's Council would benefit your event and/or program:

By signing this application, I certify to the statements herein are true, complete and accurate to the best of my knowledge. The Mayor's Council reserves the right to change and/or amend its sponsorship policy at any time, without prior notification, and make exceptions at any time.

Signature

Date