

SUMMER STREETS

Programming + Sponsorship Application 2016

CONTACT INFORMATION

Date of Application: _____

Name of Organization: _____

Contact Name + Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone Number: _____

Organization Website: _____

BACKGROUND INFORMATION

Type of Organization (i.e. non-profit, corporate sponsor, club, etc.): _____

Briefly describe the mission of your organization in 150 words or less: _____

Briefly describe your proposed activation (i.e. workshop, demonstration, performance, etc.) and how it fits into the Summer Streets experience in 150 words or less: _____



Briefly describe the requirements of your activation (i.e. chairs, stage, table, electricity, etc.):

How many members of your organization would supervise and/or participate in the activation? Also, please provide names and titles of all individuals who would participate:

Would your organization be able to contribute financially to Summer Streets as part of your partnership? If so, at what level?:

What could you provide to enhance the Summer Streets experience? (Please indicate all that apply)

- Volunteers: Approx. Qty.: _____
- Bike Rental: Approx. Qty.: _____
- Classes
- Demonstrations
- Products
- Database Access
- Performances
- Other: _____

Please submit applications by Monday, May 9, 2016.
Email: summerstreets@dot.nyc.gov

