



**City of Suisun City**  
**Recreation, Parks, & Marina Department**  
**PARTNERSHIP APPLICATION**

Organization Name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

2<sup>nd</sup> Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Email: \_\_\_\_\_

Type of Partnership

- Community Group
- Business or Corporation
- Social Service Club
- Non-Profit
- Volunteer
- Government
- Public School District

Partnership Activity (Check all that apply)

- Funding
- Volunteer
- Programming / Special Event
- Park or Facility Operational Support
- Park or Facility Development
- In-Kind Goods or Services

**PARTNERSHIP DESCRIPTION**

Location: Please list location of activity, park, community center, or other location. If necessary, attach map.

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Please describe in detail proposed partnership activity. Please include scope of those you serve i.e. the amount of people, frequency of proposed activity, scale of program, program duration, etc.

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Does the City of Suisun City currently offer this activity?

- Yes
- No
- Not Sure

If "Yes" please explain how the proposed activity is different or complementary to Suisun City's activity.

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Does this project include other partners?

- Yes
- No

If "Yes" Please list each partner and their role in this activity.

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What is the benefit of your activity to the Suisun City community?

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What is the benefit to the City of Suisun City?

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Please describe in detail why you or your organization is qualified to offer this specific activity.

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What City of Suisun City Strategic Plan Goals does this activity reflect? Please explain how.

- Revitalize Historic Downtown
- Develop Sustainable Economy
- Ensure Public Safety
- Provide Good Governance
- Ensure Fiscal Solvency
- Enhance Environment

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Other information you would like to share.

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## **SUPPORTING DOCUMENTATION**

Please include the following

### **Costs:**

Please attach a complete proposed partnership budget. The following items must be included:

- a. City staffing requirements
- b. How are you funding this service?
- c. Sources of your funding
- d. What is your capacity to manage this activity
- e. Total project costs

### **Other Supporting Documentation:**

- a. Project design
- b. Letters of support
- c. Management plan – long and short term
- d. Monitoring plan – long and short term
- e. Insurance