



Co-Sponsorship Procedures and Guidelines (FY 2025-2026)

What is a Co-sponsored Event?

A co-sponsored event is defined as an event that is planned and conducted by an outside non-profit organization with the assistance of City of staff time, public safety services and/or the use of facilities. The City of Fontana allocates funds (if available) annually for the purpose of assisting non-profit Fontana-based organizations hosting Community events. The City does not provide monetary funds for these co-sponsored events, but in-kind services. Applications are reviewed on a fiscal year basis (July – June). Organizations seeking co-sponsorship assistance are required to submit a Co-sponsorship application during:

Cycle 1: Submit application: February 1st thru February 28th for event taking place July-December

Cycle 2: Submit application: September 1st thru September 30th for event taking place January-June

Types of sponsorship vary and are based on the needs of the non-profit group.

There are three designated types of co-sponsorship:

Facility Usage:

Requests that include facility usage such as community meetings or events that take place in a City park/sports field. Co-sponsorship applicants requesting the use of a facility must also complete a Facility Use Agreement Application along with their co-sponsorship application paperwork.

Special Events:

Parades, festivals, and carnivals that take place within City limits may be considered for co-sponsorship by the City of Fontana. Any carnival or circus held within the City must also file a separate application with the Business Services Division.

Equipment Usage:

Any use of City equipment including sporting equipment, generators, stages, tables, chairs, canopies, etc.

Procedure for Requesting City Co-Sponsorship or Special Event

1. Complete the Special Event Application and all appropriate paperwork.
2. Submit application to: *

Community Services Department

Attn: Special Events

17001 Upland Ave.

Fontana, CA 92335

*Co-Sponsorship applications are ONLY accepted during February (CYCLE 1) or September (CYCLE 2) of each year to host an event for the following fiscal year

3. Upon receipt of request, staff will verify eligibility & coordinate the processing and responses from other city departments and contact the applicant regarding their application status.
4. Upon approval by the Parks, Community and Human Services Commission, request will be forwarded to City Council for consideration as part of the annual Budget Adoption process.
5. Upon approval by the City Council, the applicant will be notified in writing.
6. Organizations that receive approval must recognize the support of the City. All publicity and advertisements for the event must include the City of Fontana logo.
7. If applying for the use of a facility, a **Facility Use Permit** application must be filled out in addition to the co-sponsorship application. Cancellation of a facility use with less than thirty (30) days notice, Class 3 Rental Facility fees will be charged to the organization according to the Facility Rental Policy.
8. The Community Services Director, or designee, can approve co-sponsorship requests for the use of facilities that do not impact facility rentals and/or programs which do not exceed \$5,000 cumulatively, annually.
9. All employees/volunteers of applicant will adhere to any direction given by City representatives. Failure to do so may result in a cancellation of event.
10. Insurance, in the form and amount deemed appropriate by the City, shall be provided by the applicant at no cost to the City. Insurance must also name the City of Fontana as additionally insured and a certificate must be submitted at least one month prior to event.

Co-Sponsorship Criteria Checklist

All applications in consideration must meet the following criteria:

- Attach a cover letter fully detailing your event and its purpose.
- Applicant must show proof of 501(c) 3 non-profit status or that the event is not for profit.
- Applicant must be based in the incorporated boundaries of the City of Fontana.
- Applicant's event must be open to all Fontana residents, free of charge.
- Applicant must fill out a Co-Sponsorship Application.
- Applicant must select a tier rating for the organization.
- The applicant's event must be a benefit to the Fontana Community.
- Submit Co-Sponsorship Application to the Community Services Department during the filing period outlined above.
- Attach detailed budget sheet.
- Attach certificate of liability insurance naming the City of Fontana as additionally insured (\$1,000,000).

*How much are you spending on this event? \$ _____

*How much revenue do you anticipate? \$ _____

At the time of application, each organization must identify which tier their co-sponsorship request will fall under.

- Tier 1:** Organization provides minimum of eighty percent (80%) of program resources and funding.
- Tier 2:** Organization provides minimum of seventy percent (70%) of program resources and funding.
- Tier 3:** Organization provides minimum of fifty percent (50%) of program resources and funding.

*All organizations must provide a minimum of fifty percent (50%) of the program's resources (i.e., funding, equipment, advertisement) to be eligible to apply for co-sponsorship with the City.

Dates to Remember

- Co-Sponsorship Application Acceptance – Month of **February (Cycle 1)**
- Parks, Community and Human Services Meeting Application Approval – **March**
- City Council Meeting Application Approval – **First Meeting in April**
- Co-Sponsorship Application Acceptance – Month of **September (Cycle 2)**
- Parks, Community and Human Services Meeting Application Approval – **October**
- City Council Meeting Application Approval – **First Meeting in November**



This application must be submitted for any Co-Sponsorship event held on City property and/or requiring City Services. An approved certificate of liability insurance must be received no later than 30 days prior to the event date. All event applications are subject to approval by the Parks, Community and Human Services Commission and/or the City Council. The action to approve an event will state conditions which must be met for the event to be held.

Please print or type the information below and answer all areas as thoroughly as possible. If the information does not pertain to your activity, indicate *not applicable (N/A)*.

Name of Event: _____

Type of Event*: _____

Date of Event: _____ New Event Returning Event; # of years offered: _____

Proposed Starting Time: _____ Proposed Ending Time: _____

Set Up Time: _____ Tear Down Time: _____

Requested Location (s): _____

* If applying for a carnival a separate **Application for Carnival, Circuses, Etc.** must be filed with the Business Services Division

Hosting Organization: _____

Event Chairperson (s) Name (s): _____

Address: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Message Phone: _____ Email Address: _____

Alternate Event Contact: _____ Phone: _____

Who is the target audience for the activity? _____

Estimated Attendance: _____ Estimated Number of Volunteers/Staff: _____



STREET CLOSURES

Are you requesting that any public streets be closed for this event/activity? YES NO

If YES, identify the streets/blocks and indicate the times the closure is requested:

Will there be any equipment in the public right of way (car displays, tents, etc.)? YES NO

TRAFFIC CONTROL/BARRICADES

A traffic control contractor may be required for events which require barricades or traffic control signage. An approved traffic control plan will be required prior to implementing any closures. Plan should specify pedestrian management, traffic signal modifications, etc. (A changeable message sign may also be required.)

Please list your traffic control contractor and/or traffic control plan if applicable:

VEHICLE LOADING/UNLOADING

Are you requesting that vehicles be permitted to load/unload on city streets? YES NO

If YES, please indicate the location and times loading and unloading would occur:

CITY STAFF

If City staff assistance is requested, the applicant may be charged additional fees to cover the cost incurred by the city. Will city staff be requested for:

Planning Set-Up During Event Clean-Up

If so, indicate the estimated number of staff, duties to be performed and hours to be assigned:

*** If City staff assistance is requested, the applicant may be charged additional fees to cover the cost incurred by the city. Please note that the number of staff may be amended at the City's discretion.**



PARK SITES

If requesting to use a park site, please indicate the name of the park: _____
If not using the entire park, please indicate specific area of use:

EVENT EQUIPMENT

Please indicate if the following equipment is requested from the city and the number of units required:

<input type="checkbox"/> Easy-ups: _____	<input type="checkbox"/> Tables: _____
<input type="checkbox"/> Generators with spider box: _____	<input type="checkbox"/> Chairs: _____
<input type="checkbox"/> Light Towers: _____	<input type="checkbox"/> Extension Cords: _____
<input type="checkbox"/> Podium: _____	<input type="checkbox"/> Stages & Size: _____
<input type="checkbox"/> Delineators: _____	<input type="checkbox"/> Cones: _____
<input type="checkbox"/> Other: _____	

MEDIA SUPPORT SERVICES EQUIPMENT

Please indicate if the following equipment is requested from the city and the number of units required:

<input type="checkbox"/> Audio: *Includes the following: <ul style="list-style-type: none">• Two speakers• Two handheld microphone	<input type="checkbox"/> Video: *Includes the following: <ul style="list-style-type: none">• Recorded raw footage (<i>shared electronically with the applicant</i>)• *KFON TV is allowed to use footage
<input type="checkbox"/> Performance Audio: *Includes the following: <ul style="list-style-type: none">• Two speakers• Three microphones• Five instrumental inputs	

Will you require background music? _____ Will your event have a live band? _____

CLEAN UP AND TRASH REMOVAL

Clean up of the event area immediately following the event, including trash removal from the site, is the responsibility of the applicant:
Please name the contractor or organization responsible:

Clean Up: _____ Phone #: _____
Trash Removal: _____ Phone #: _____



VEHICLES ON PARK GROUNDS

Vehicles, including catering vehicles, are not normally permitted to drive or park randomly on the natural turf of public park grounds due to extensive underground irrigation systems that sustain damage when vehicles drive across control boxes and heads.

Are you requesting that vehicles be permitted to drive or park on public grounds? YES NO

If YES, please indicate the type(s) of vehicles and the locations and times they would be driven:

PORTABLE RESTROOMS

Will additional portable restrooms be brought to the event site? YES NO

If YES, please name the company bringing the portable restrooms (submit a copy of insurance information):

Company Name: _____ Phone #: _____

Number of Restrooms: _____ ADA: _____

PYROTECHNICS

An additional application must be processed with the San Bernardino County Fire Department a minimum of 90 days prior to your event for fireworks or pyrotechnics. An additional fee may apply.

Are you requesting approval to provide a fireworks show at the event? YES NO

Length of Show: _____ # of aerial fireworks: _____ # of ground fireworks:

FOOD & OTHER VENDORS

Food vendors must contact San Bernardino Count Public Health in advance of their event for required permits and guidelines. The event organizer shall obtain copies of temporary food service licenses from food vendors prior to the event. In addition, all vendors selling food or other products must have a City of Fontana business license or Special Activity Permit.

Will food be served at the event? YES NO

If YES, the food is:

Provided Free Cooked or Prepared On-Site Being Cooked on an Open Fire (Barbeque)

Available for Purchase If available for purchase, is event: For Profit Non-Profit

Please provide a menu of the food you will be serving:

Are you requesting approval to offer other items for sale at the event? YES NO

If YES, types of items for sale: _____

Please Note: All applicants will be notified by the Community Services Department regarding the status of the application upon the conclusion of the review period by City Departments.

Applicant Signature (Required) _____ Date _____

_____ Title _____

Applicants Printed Name _____

_____ Name of Organization, Department/Division _____



EVENT PARKING

Sufficient parking must be planned and designated depending upon the type and location of your event. Please indicate what areas you plan on utilizing for participant/attendee parking:

Do you have designated handicap parking? YES NO

Location: _____

EVENT SITE

Please explain exact location for your event:

A map of the event site is required and should indicate event layout with proposed attractions, recommended street closures, parade or run/walk routes, etc. Please draw your map in the space provided below, or attach your map to the application upon submittal.



City of Fontana
DEPARTMENT ROUTING SHEET
 (For internal use only)

City of Fontana Community Services Department
Co-Sponsorship Application
 FY: 2025-2026

Department/Division	Recommendation	Estimated Cost	Signature	Comments
Building & Safety	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Planning	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Police	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Public Works	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Fire	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Human Resources/ Risk Management	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Engineering	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Community Services	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
City Clerk's Office	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Business Licensing	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Media Support Services	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	\$		
Total Estimated Revenue for Event:		\$		
Totally Estimated Cost to City Departments:		\$		

FINAL EVENT APPROVAL:

- Approved
- Disapproved
- Approved
- Disapproved

 Community Services Director

 Date

 City Manager or designated Deputy City Manager

 Date