Borough of Oakland Communications COMMUNICATIONS COMMISSION

Oakland Television Sponsorship Form

Additional, in-depth information about the Oakland Television Sponsorship Program is available at www.oakland-nj.org/television-sponsorships. Everyone who is interested in becoming a Television Sponsor is highly encouraged to review the additional information before filling out this form and submitting payment to the Borough of Oakland.

Applicant Information			
Full Name:			
Address:			
Str	eet Address		
City	State	ZIP Code	
Your Phone Number:	Email:		
Organization/Business Name (if applicable):			
Name To Be Displayed for Sponsorship:			
Slogan/Brief Sentence (if applicable to tier):			

If the organization/business wants to have a logo displayed instead, the applicant shall include a flash drive with this application with the logo to be used. If the applicant wishes to remain anonymous to the public, please write "Anonymous" on the Organization/Business Name line.

Sponsorship Agreement

- I have read and understand the Oakland Television Sponsorship program, including what I will receive for the sponsorship payment I give, what information can be conveyed in my sponsorship, and the types of programs my sponsorship will be seen on Oakland TV for the coming calendar year and/or in perpetuity. I understand that this sponsorship is NOT tax deductible because I am receiving publicity in exchange for my payment on specific Oakland Television Committee created programming.
- I understand that if I am submitting my sponsorship payment past the set timeframe to submit (August 20 through October 20), and I am submitting a sponsorship form in the acceptable late period (October 21 through December 10), I will pay the late fee of \$30.00 in addition to my sponsorship payment.
- I attest that my non-profit or business is not political in nature, engaged in any illegal or obscene activities or has anything to do with any type of lottery, gift enterprise, or similar schemes. I understand that if my sponsorship tier includes the ability to have a short sentence or slogan, it will have no call-to-action, inappropriate language, or other language that would violate the Borough's franchise agreements with its cable providers or violate any regulations established by the Federal Communications Commission.

I agree to the above statements and attest to understand the Sponsorship Program as described.	Yes	No

Sponsorship

Please take the multiplier listed to the right of the applicable category you fall under and multiply that by the number listed next to the two sponsorship tier options to determine the cost of your sponsorship.

Category	Eligibility	Multiplier
Non-Profit Organization	For registered non-profit organizations located in the United States of America.	I
Individual & Family	For a person, couple, family, etc. that wishes to be a sponsor that does not own a business.	2
Businesses	A business that is located within the United States of America.	3

Sponsor Tier	Tier Description	Number
Perpetual Sponsor	Name and/or logo seen on the screen along with a company slogan or brief sentence for a total of 30 seconds. Tier means you will be a permanent sponsor of next year's eligible programming so you will be mentioned as a sponsor any time the program is broadcast in its original broadcast year and also at any time going forward if the program was to re-air.	400
Single Year Sponsor	Name and/or logo seen on the screen for 15 seconds. Sponsorship will expire at the conclusion of the calendar year and after that point, your sponsorship will not be seen on the programs produced from next year at any point in the future.	100

MULTIPLIER	X NUMBER	= \$
	Certific	ation
•		ete to the best of my knowledge, my check payment is go is included if that is desired to be used for ment.
Signature:		Date:
 Drop off form and paymen 	Submit this form by doing nt at Oakland Borough Hall to the attent	

 Mail form and payment to the Oakland Communications Commission, ATTN: OaklandTV Sponsorship, Borough of Oakland, I Municipal Plaza, Oakland, NJ 07436

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Print Name:	Date Received:	
Signature:	Payment Deposited Date:	