



Sunflower
NONPROFIT CENTER

5820 SW 6th Avenue, Topeka, KS 66606

785.588.4884

sunflowernonprofitcenter.org

ROOM RESERVATION REQUEST FORM

To request space at the Nonprofit Center, please complete this form and submit to Nonprofit Center Director, Tami Sterling at tsterling@sunflowerfoundation.org or Associate Director, Dana Thompson at dthompson@sunflowerfoundation.org.

Organizations must be one of the following to be eligible to request space: a nonprofit of a state or local governmental agency with a purpose that aligns with the Sunflower Foundation's mission "To serve as a catalyst for improving the health of all Kansans."

Please note submitting this form **does not guarantee your reservation**. *Answer required.

This request is from a:*

Nonprofit 501(c)3 Other tax status

Kansas Association Governmental Agency: City State County Federal Other:

Organization/Program EIN (Employer Identification Numbers):*

Organizational Name:*

Street Address:* Apt/Suite/Office:

City:* **State:*** **Zip:***

Contact information for meeting organizer.

Name:* **Title:***

Email:* **Phone:***

Fiscal contact information.

Name:* **Email:*** **Phone:***

Date(s):* to **Event Start Time:*** **Event End Time:***

Event Set-Up Time:* **Event Completion Time:***

Number of expected participants:* Total: In-Person: Remote:

Title of event:*

What is the mission of your organization?

Organizational website address:

Do you have a referral from a Sunflower Foundation associate? Yes No If so, who?

Is your organization a current Sunflower Foundation grant recipient or has your organization received grant funding from the Sunflower Foundation in the past? Yes No

How long has your organization been in operation?*

Background information regarding the organization requesting event:*

What type of event will this be?* Local Regional Statewide Other

Is this a fundraiser for your organization?* Yes No

Provide a summary of the event:*

Who is your audience?*

Will the media be invited to cover this event?* Yes No

May the Sunflower Nonprofit Center highlight the meeting on its social media channel?* Yes No

Do you plan to have sponsors or vendors/exhibitors for your event?* Yes No

Catering needs.*

We would like the NPC to provide carafes of coffee (\$25 each): Yes No

We would like the NPC to provide iced tea dispenser services (\$10 each): Yes No

We would like the NPC to provide hot tea service (50 tea bags for \$10): Yes No

We would like the NPC to provide water dispenser services (free): Yes No

We will bring in our own continental breakfast items: Yes No

We will have breakfast catered in: Yes No

Who will cater?

What time will the caterer arrive?

We will bring our own lunch: Yes No

We will have lunch catered in: Yes No

Who will cater?

What time will the caterer arrive?

