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.

The Sunflower Nonprofit Center serves nonprofit organizations, government entities and agencies, and community coalitions whose work focuses on key issues like; behavioral health, civic engagement, community well-being, education, food access and nutrition security, health care, housing, neighborhood and built environment and safety.

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 Departure 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?**