



Gallaudet University Regional Center at Ohlone College
43600 Mission Boulevard • Fremont, CA 94539
510-659-6268 v/tty • 510-659-6033 fax • gurc.ohlone@gallaudet.edu

Sponsorship Paperwork – effective October 2011

Thank you for contacting the Gallaudet University Regional Center at Ohlone College regarding your event needs. The Regional Center considers sponsorship of events in the 8 state Western Region (AK, CA, ID, MT, NV, OR, WA, WY) that are in keeping with the mission as set forth by Gallaudet University. Our mission is to address the educational, transition, and professional development needs of deaf and hard of hearing people from birth through adulthood, their families and the professionals who work with them.

If your event focuses on the same needs, please complete the “Request for Sponsorship” section and return to us as soon as possible (via fax or US Mail). The application specifies the type of sponsorships we currently offer. Please fill out the entire form; incomplete forms only delay the approval process.

Once we have received your completed application and have made a determination, you will be notified. We will specify the type of sponsorship we are able to offer. Please note that we may offer something slightly different from your request; be sure to read your approval letter carefully. Any changes you wish to make in the sponsorship coverage must be submitted in writing to and approved by Gallaudet University Regional Center at Ohlone College before the date of the event. We are unable to accept requests for events that have already been advertised or have already occurred.

If we agree to any financial support, we will need the following items completed and sent to us before we can release any of the funds; items 1-4 are required for any other type of support.

1. Advertising flyer and/or program brochure. Please be sure our name is shown as “sponsored by.”
2. Evaluation- copies of individual evaluations or a summary of your event evaluation including a few quotes from participants.
3. Participant Form section - each participant must fill out a form, or a roster with email addresses. Please inform your participants that with the submission of email address they will be added to our distribution list. They can opt out of that email distribution list at any time.
4. Activity Summary Form section (looks somewhat similar to the request section) - submit with all your other documentation only IF you have been approved for sponsorship.
5. Invoice, from your organization. Original receipts for reimbursed expenses are required, especially for airfare reimbursement

All documentation must be sent to us within 14 calendar days of your event (postmarks accepted). If you are unable to meet this deadline you must contact our office as soon as possible to request an extension. All reasonable requests will be honored.

We are looking forward to the possibilities of working with you and your organization.



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Request for Sponsorship

Page 1 of 4

Please fill out the entire form, incomplete forms will delay processing.

Beginning Date of Activity _____

Ending Date of Activity _____

Type of Activity _____

(indicate which category defines your event)

Training

_____ (workshop, course, conference, presentation)

Technical Assistance

_____ (consultation, assessment, planning, professional committee)

Exhibit/Performance

_____ (display of products, publications, services, performance demonstrations)

Requesting Organization _____

Organization Address _____

City/State/Zip _____

Organization Website _____

Contact Person _____

Contact's Position _____

Contact's Address _____

City/State/Zip _____

Telephone (indicate v/tty) _____

Videophone _____

Fax _____

Contact's email address _____

Title of Activity _____

Conference Title (if applicable) _____

Activity Site (City/State) _____

Conference/Activity Website _____

Our mission is to address the educational, transition, and professional development needs of deaf and hard of hearing people from birth through adulthood, their families and the professionals who work with them. Please explain how your activity fits this mission of deaf education.

Summary of Activity:

Featured Speakers & Topics:

Additional Gallaudet University departments or employees sponsoring or working with you on this event:



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Target Audience (specify estimated attendance)

Teachers (<i>all types of teachers</i>)	_____
Support Personnel (<i>i.e. audiologist, teacher's aide, counselors, assistants, etc.</i>)	_____
Residence Personnel	_____
Administrators (<i>all types of administrators</i>)	_____
Parents	_____
Students (<i>birth – middle school</i>)	_____
Students (<i>high school</i>)	_____
Students (<i>postsecondary</i>)	_____
General Public	_____
Anticipated Total Attendance	_____
Anticipated Total number of Deaf/Hard of Hearing	_____

Target Audience Organization Affiliation (specify estimated attendance)

Parents and students can be affiliated with organizations. Numbers in these categories should not include the General Public number above.

School for the Deaf

Public	_____	Post Secondary	_____
Private	_____	Organization/Agency	_____
Residential	_____	Hospital/Homebound	_____
Day	_____	Other	_____
Public School	_____	Describe	_____
Regular	_____		
Resource	_____		
Self-Contained	_____		
Private School	_____		
Regular	_____		
Resource	_____		
Self-Contained	_____		
Residential	_____		
Day	_____		
			_____ TOTAL



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Request for Sponsorship

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Focus of Event (choose as many as apply)

Cochlear Implants	_____	GURC General Info	_____
Family Involvement	_____	Effective Practices in other Areas (<i>specify</i>)	
Literacy (<i>specify</i>)		Advocacy	_____
ASL	_____	Assessment/NCLB/HST	_____
English Language	_____	Audiology	_____
9 areas of Literacy	_____	Communication Access	_____
Reggio Emilia	_____	ASL/Deaf Culture/Deaf Studies	_____
SRP	_____	Early Childhood Education	_____
Other (<i>describe</i>)	_____	IEP/IFSP	_____
Interpreting		Mainstreaming/Inclusion	_____
Technology		Math	_____
Transition (<i>specify</i>)		Occupational & Physical Therapy	_____
Career Awareness/Development	_____	Outcomes/Standard & Benchmarks	_____
Emotional Intelligence	_____	Science	_____
Mental Health	_____	Social Studies	_____
Residence Education	_____	Speech/Language	_____
Work Experience or Community Service	_____	Visual & Performing Arts	_____
Other (<i>describe</i>)	_____		
Other (<i>describe</i>)	_____		
Clerc Center General Info	_____		

Will the focus checked above relate to students who: (check all that apply)

Are lower achieving academically	_____	Are from diverse racial and ethnic groups	_____
Have additional disabilities	_____	Live in rural areas	_____
Live in homes in which a language other than English is spoken	_____	None of the above	_____



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Your projected budget

Expenses		Revenues	
Honorariums	_____	Donations	_____
Postage	_____	Registrations	_____
Printing	_____	In-Kind Donations	_____
Lodging	_____	(list)	_____
Meals	_____		_____
Registration/General Operations	_____		_____
Interpreting & Captioning	_____		_____
Transportation	_____		_____
Total	_____		_____

What kind of assistance are you seeking from GURC-OC?

Program Planning	_____	Financial – total	_____
Contacting Speakers	_____	1) Amount	_____
Materials (specify)	_____	To cover	_____
	_____	2) Amount	_____
	_____	To cover	_____
	_____	3) Amount	_____
	_____	To cover	_____

Please indicate the quantity of each set of materials you would like to display at your event

GU/GURC or Clerc Center Products

Magazines	_____	Specific Issues:	_____
Odyssey	_____	Specific Departments:	_____
Gallaudet Materials	_____		
GURC Materials	_____		

For office use only			
Approved	_____	Date request received	_____
Denied	_____	Notification Type (specify date)	
		Letter	_____
		Fax	_____
		Email	_____
Financial Amount approved:	_____		
Request for Changes			
Type	_____	Date of request	_____
Approved	_____		
Denied	_____	Date Items Shipped	_____



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Participant Form
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Date	_____	Check one:	
First Name	_____	Deaf	_____
Middle Name	_____	Hard of Hearing	_____
Last Name	_____	Hearing	_____
Prefix (Mr/Mrs/Ms/Dr)	_____		
Suffix (PhD/EdD/MD/JD/MA)	_____		

Position _____

School/Agency _____

School District _____

School Address _____

School City/State/Zip _____

Work Phone _____

Work Videophone _____

Work Fax _____

Work Email _____

Home Address _____

Home City/State/Zip _____

Home Phone _____

Home Videophone _____

Home Fax _____

Home Email _____

Type of Organization

School for the Deaf

Public	_____	Post Secondary	_____
Private	_____	Organization/Agency	_____
Residential	_____	Hospital/Homebound	_____
Day	_____	Other	_____
Public School	_____	Describe	_____
Regular	_____		
Resource	_____		
Self-Contained	_____		
Private School	_____		
Regular	_____		
Resource	_____		
Self-Contained	_____		
Residential	_____		
Day	_____		

Would you like to be on the GURC email list? Yes _____ No _____

Event you attended and date: _____



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Activity Summary Form

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*Please fill out the entire form, incomplete forms will delay processing.
 Submit this form with all documentation required in your acceptance letter.*

Beginning Date of Activity _____

Ending Date of Activity _____

Type of Activity _____

(indicate which category defines your event)

- _____ *Training*
(workshop, course, conference, presentation)
- _____ *Technical Assistance*
(consultation, assessment, planning, professional committee)
- _____ *Exhibit/Performance*
(display of products, publications, services, performance demonstrations)

Requesting Organization _____

Organization Address _____

City/State/Zip _____

Organization Website _____

Contact Person _____

Contact's Position _____

Contact's Address _____

City/State/Zip _____

Telephone (indicate v/tty) _____

Videophone _____

Fax _____

Contact's email address _____

Title of Activity _____

Conference Title (if applicable) _____

Activity Site (City/State) _____

Conference/Activity Website _____

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Featured Speakers & Topics: _____

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Target Audience (specify actual attendance)

- Teachers *(all types of teachers)* _____
- Support Personnel *(i.e. audiologist, teacher's aide, counselors, assistants, etc.)* _____
- Residence Personnel _____
- Administrators *(all types of administrators)* _____
- Parents _____
- Students *(birth – middle school)* _____
- Students *(high school)* _____
- Students *(postsecondary)* _____
- General Public _____

Total Attendance _____

Total number of Deaf/Hard of Hearing _____

Target Audience Organization Affiliation (specify actual attendance)

Parents and students can be affiliated with organizations. Numbers in these categories should not include the General Public number above.

School for the Deaf

Public	_____	Post Secondary	_____
Private	_____		
Residential	_____	Organization/Agency	_____
Day	_____		
Public School		Hospital/Homebound	_____
Regular	_____		
Resource	_____	Other	_____
Self-Contained	_____	Describe	_____
Private School			
Regular	_____		
Resource	_____		
Self-Contained	_____		
Residential	_____		
Day	_____		

_____ TOTAL



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Focus of Event (choose as many as apply)

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ASL	_____	Assessment/NCLB/HST	_____
English Language	_____	Audiology	_____
9 areas of Literacy	_____	Communication Access	_____
Reggio Emilia	_____	ASL/Deaf Culture/Deaf Studies	_____
SRP	_____	Early Childhood Education	_____
Other (<i>describe</i>)	_____	IEP/IFSP	_____
Interpreting		Mainstreaming/Inclusion	_____
Technology		Math	_____
Transition (<i>specify</i>)		Occupational & Physical Therapy	_____
Career Awareness/Development	_____	Outcomes/Standard & Benchmarks	_____
Emotional Intelligence	_____	Science	_____
Mental Health	_____	Social Studies	_____
Residence Education	_____	Speech/Language	_____
Work Experience or Community Service	_____	Visual & Performing Arts	_____
Other (<i>describe</i>)	_____		
Other (<i>describe</i>)	_____		
Clerc Center General Info	_____		

Did the focus checked above relate to students who: (check all that apply)

Are lower achieving academically	_____	Are from diverse racial and ethnic groups	_____
Have additional disabilities	_____	Live in rural areas	_____
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How many of the total number of participants come from each state listed here?

(Total should not exceed total attendance reported)

AK (Alaska)	_____	NV (Nevada)	_____
CA (California)	_____	OR (Oregon)	_____
ID (Idaho)	_____	WA (Washington)	_____
MT (Montana)	_____	WY (Wyoming)	_____

Other states (identify state & list number for each) _____

Other countries (identify country & list number for each) _____

Supporting Documentation supplied: _____

Signature: Contact Person/Reporting Party Date

Print Name: Contact Person/Reporting Party Date

For office use only

Date form received	_____	Date invoice received	_____
		Date invoice processed	_____