



**PART 2: CO-SPONSOR**

**Name of Co-Sponsor:**

Co-Sponsor's E.I.N. No:

Complete Address:

Contact Person:

Title:

Telephone No:

Email Address:

Co-Sponsor, please check one:      We are a 501(c)(3) organization

We are not a 501(c)(3) organization

**If you are a 501(c)(3) please provide a copy of your Determination Letter from the IRS.**

**What charitable benefits will this Sponsorship have in the community?**

**Prior Grantee:** Have you previously received a grant from PTSSD?   \_\_\_ NO \_\_\_ YES   YEAR(s):

**Signature of Co-Sponsor & Date (Required):** \_\_\_\_\_