

Sponsorship Opportunity Audit

The purpose of this worksheet is to document the details of a current event or project. Mark all boxes that fit each question, and fill in the details to the extent of your knowledge.

Overview Details

Project Name: _____ Date(s): _____

Year Founded: _____ Year Army began involvement: _____

Brief Description: _____

Total Number of Participants: _____

Demographics of Participants:

Age Range: _____ % Men _____ % Women _____

Location: _____

Media and Promotions

How will media be used in promotion and publicity?

Media:

Television: Network Syndicated Satellite Local

Who: _____

Radio: Local Regional National

Who: _____

Print: Local Regional National

Trade Publication Newspaper Tabloid/Journal

Magazine Newsletter

Other: _____

Pre-event Promotions: What promotions will you do?

Flyers Posters Direct Mail

Table tents Mini events Sweepstakes

Banners/signs

Other: _____

On-site:

Surveys Sampling Product sales

Test drives Newsletter coverage

Other: _____

Meting Army Goals: What specifically do you plan to do?

Goal: _____

Event Meets the Goal by: _____

Measurements: _____

Goal: _____

Event Meets the Goal by: _____

Measurements: _____

Goal: _____

Event Meets the Goal by: _____

Measurements: _____

Goal: _____

Event Meets the Goal by: _____

Measurements: _____

Goal: _____

Event Meets the Goal by: _____

Measurements: _____

Staffing Requirement

| <u>Role</u> | <u>Name</u> |
|---------------------------------|-------------|
| Overall Project Manager | _____ |
| Media Director | _____ |
| Volunteer Coordinator | _____ |
| Sponsorship Liaison | _____ |
| Results/Documentation Collector | _____ |

Creating the Sponsorship Support Budget

- | | |
|---|--|
| <input type="radio"/> Photography | <input type="radio"/> Video |
| <input type="checkbox"/> Fee _____ | <input type="checkbox"/> Fee _____ |
| <input type="checkbox"/> Prints _____ | <input type="checkbox"/> Editing _____ |
| <input type="checkbox"/> Copies _____ | <input type="checkbox"/> Copies _____ |
| <input type="radio"/> Event Sportswear _____ | <input type="radio"/> Security _____ |
| <input type="radio"/> Signage _____ | |
| <input type="radio"/> Mailings _____ | |
| <input type="radio"/> Miscellaneous _____ | |
| <input type="radio"/> Sponsor Hospitality _____ | <input type="radio"/> Other _____ |
| <input type="checkbox"/> Food & Beverages _____ | |
| <input type="checkbox"/> Tent _____ | |
| <input type="checkbox"/> Signage _____ | |
| <input type="radio"/> Other _____ | |

Total Proposed Budget: _____

Implement Notes

Date individual project began: _____ Ended: _____

Did the project get any pre-event media coverage?

Newspaper Radio Television Magazine

Other: _____

Event Activity Notes:

Weather: Temperature _____ Conditions _____

Staff on-site: # _____ Total hours worked _____

On-site media coverage: Local Regional National

Please describe: _____

Expenses incurred over budget: _____

Special Notes: _____

Program Evaluation

1. Meeting Your Goals

A. Goal: _____

Did you meet the goal? Yes No

Measurement actually recorded: _____

B. Goal: _____

Did you meet the goal? Yes No

Measurement actually recorded: _____

C. Goal: _____

Did you meet the goal? Yes No

Measurement actually recorded: _____

D. Goal: _____

Did you meet the goal? Yes No

Measurement actually recorded: _____

E. Goal: _____

Did you meet the goal? Yes No

Measurement actually recorded: _____

2. Personal Comments

Did the program work smoothly for you and your staff?

Yes No

Please comment: _____

Do you want to repeat the program next year?

Yes No

Please comment: _____

What would you change if you repeated this program? _____

Other Comments: _____

Evaluation Submitted by: _____

Position Title: _____

Command: _____ Title: _____