

**CITY OF MADISON**  
**SISTER CITY PROGRAM APPLICATION**

(PLEASE USE ADDITIONAL PAGES IF NECESSARY)

Proposed Sister City:

Sponsoring Madison Organization:

Is your organization a 501©3:    Yes    No    If yes EIN:

If No: Fiscal Agent/Sponsor:

Contact Person:

Phone:

Mailing Address:

E-Mail Address:

Founding Committee Members: (please list)

Mission Statement:

Specific Program Goals:

Program Activities:

Projected Annual Budget: (please itemize)

Similarities between Madison and proposed Sister City:

Describe local organization in proposed Sister City:

Comments:

Authorized Signature:

Date:

This form must be completed and submitted to the  
Mayor's Office, Room 403, 210 Martin Luther King Jr. Blvd., Madison, WI 53703-3345  
or sent via e-mail to [mayor@cityofmadison.com](mailto:mayor@cityofmadison.com)