



## JOINT SPONSORSHIP PROCESS

*Updated July 2025*

In accordance with [Regents' Rules and Regulations, Rule 80105](#), please follow the Joint Sponsor process as listed below.

### STEP 1: Initial Contact

The initial contact can begin with any of the following in terms of utilizing UT Tyler space for a program/event:

- Outside group contacts someone at the University
  - Event Management
  - College
  - Department
- Outside group contacts Office of Community Engagement & Special Events

If the event in question is primarily “owned” by a community organization and they are inviting UT Tyler to participate, it qualifies as a Joint Sponsorship. If the event is primarily ‘owned’ by UT Tyler and you are inviting a community organization to participate (like a guest speaker or participant), it is NOT considered a Joint Sponsorship and does not need to go through this process.

“Special Use Facilities” listed in [H.O.P. Section 5.14](#) are available for a fee for public use without a joint sponsor use agreement. All other spaces on campus, including classrooms, are only available for public use with Joint Sponsorship, fees may apply.

### STEP 2: Approval of Joint Sponsorship

#### Community Engagement Approval Process

The Office of Community Engagement must approve all joint sponsorships by review of the Sponsorship Committee. Please complete the [Joint Sponsorship Approval](#) form found in DocuSign. Please remember that it often takes several weeks to move through this process, so please contact Community Engagement at [community@uttyler.edu](mailto:community@uttyler.edu) if you have any questions about the timing of your event request.

If the event aligns with the University mission and is a good fit for a Joint Sponsorship, the Office of Community Engagement and the Sponsorship Committee will approve the Joint Sponsorship.

#### UT Tyler Point of Contact (POC)

The college, school, or department will designate a UT Tyler employee to serve as the Point of Contact (POC) for this event throughout the entire planning process. Event Management is available to assist in the coordination; however, it does not act as the event planner.

The designated POC will be responsible for overseeing the Joint Sponsorship process from start to finish, including, but not limited to, the following:

- **Step 3:** Collect Data from Community Organization
  - Reserve space on campus through Astra
  - Complete the Event Management Coordination Form (EMC)

- **Step 4:** Set up a 30-Minute Meeting with Event Management
- **Step 5:** Actively Be Involved in Planning and Communication
  - Answer questions that may arise
  - Collect necessary data and fee information from Event Management
- **Step 6:** Ensure Joint Sponsor Use Agreement is Signed in a Timely Manner
- **Step 7:** Attend Event
- **Step 8:** If Required, Ensure Payment is Received in a Timely Manner

### STEP 3: Collect Data from Community Organization

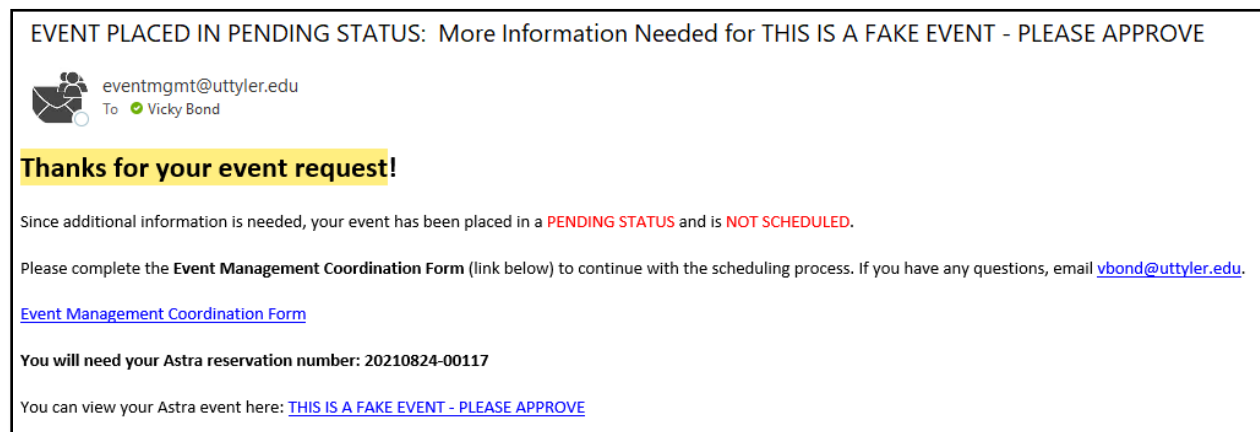
#### Reserve Space on Campus Through Astra

The designated POC will need to gather general information in order to complete the online Astra request form, including, but not limited to, the following:

- Date
- Time
- Location
- Is food being served
- # of expected attendees
- Parking information

Once submitted, the event will be placed in a pending status for review, as Joint Sponsorship requests require additional information to be processed. Event Management will send the Event Management Coordination Form (EMC) to the POC from [eventmgmt@uttyler.edu](mailto:eventmgmt@uttyler.edu) for completion.

#### Sample E-mail Sent to POC from [eventmgmt@uttyler.edu](mailto:eventmgmt@uttyler.edu) after Request has been Placed in a Pending Status



#### Complete the Event Management Coordination Form (EMC)

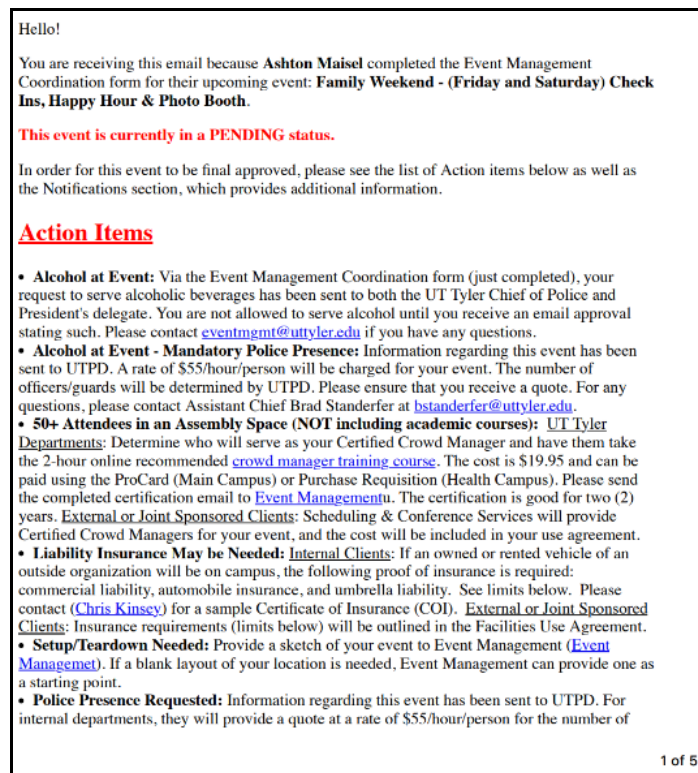
Upon receipt of the email, the designated POC needs to copy the reservation number and follow the link to access the Event Management Coordination form. At this stage, the POC may need to engage further with the community organization to obtain all relevant information necessary for completion of the form.

Below are a few of the questions you will need to answer:

- Anticipated attendance
- Will the event have minors?
- Is housekeeping needed?
- Is there an event setup?
- Is A/V needed?
- Will anything be delivered to campus?
- Information about food vendors?
  - NetHealth permits
  - Insurance
- Is alcohol being served?
- Does the client have insurance that meets UT Tyler's requirements? (see Page 6-7 for more information)
  - The community organization must provide the necessary proof of insurance.
  - If the community organization does not have insurance, a Temporary User Liability Insurance Policy (TULIP) can be purchased from UT Tyler through Event Management.
- Community organization contact information
  - Who will be signing the Use Agreement?
  - What is their email address?

Once the form has been complete in its entirety and submitted, the POC will receive additional instructions outlining the next steps to ensure the success of the event. These next steps may include further coordination with the UT Tyler Police Department, Environmental Health & Safety, Risk Management, and other applicable departments.

### Sample E-mail Received by POC after EMC Completed



#### STEP 4: 30-Minute Meeting with Event Management

It is essential that Event Management and the POC maintain communication throughout the entire planning process. To assist with this, a [Checklist and Timeline](#) has been developed. The POC needs to email [pmahfood@uttyler.edu](mailto:pmahfood@uttyler.edu) to schedule a 30-minute meeting to review POC responsibilities and the timeline. Event Management has found that this meeting significantly contributes to a smooth process and the overall success of the event.

#### STEP 5: Actively Be Involved in Planning and Communication

##### Answer Questions that May Arise

- The [Event Procedure Manual](#) addresses most questions that arise during the planning process. However, if additional clarification is needed or an answer cannot be found, the POC should email [pmahfood@uttyler.edu](mailto:pmahfood@uttyler.edu) for assistance.
- At least three (3) weeks prior to the event, the POC needs to confirm all final event and setup details with Event Management. This information is critical to ensure the success of the event.
- Use the [Cancel/Change Form](#) to make any changes.
- Last-minute changes may not be accommodated.

##### Collect Fee Information from Event Management

Depending on the nature and details of the event, fees associated with Joint Sponsorships may apply and will be the responsibility of the community organization. Event Management will provide an estimate to the POC for approval prior to finalizing arrangements.

##### Potential Fees:

- **Administrative Fee** for Event Management services
- **Space Usage Fee**
  - Rental Fee charged for renting space on campus OR
  - Overhead Cost Fee as per [Regents' Rules and Regulations, Rule 80105](#)
- **Porter/Housekeeping Fee** for events with food, large number of attendees, etc.
- **Setup/Teardown Fee** if outside of normal working hours
- **Certified Crowd Manager (CCM) Fee**
  - 50 – 249 attendees require one (1) CCM, 250 – 499 attendees require two (2) CCMs, etc.
  - For more information see the [Event Procedure Manual](#)
- **UT Tyler Police Department Fee** for onsite presence if alcohol is being served, dignitaries on site, or 500+ attendees
- **Insurance (TULIP) Fee** if the community organization does not carry the required liability insurance coverage

It is possible to waive some fees associated with events.

Fees may be waived or significantly reduced. The community organization may be required to pay other fees that cannot be waived, including but not limited to:

- Certified Crowd Manager Fees
- UT Tyler Police Department Fees
- Insurance (TULIP) Fee
- Other Hard Costs

### **STEP 6: Ensure Joint Sponsor Use Agreement is Signed in a Timely Manner**

Event Management will upload the use agreement into DocuSign. It is the responsibility of the POC to coordinate with both UT Tyler and the community organization signatories, and to address any questions related to the DocuSign process.

The Office of Legal Affairs requires 10 days at a minimum to process and execute use agreements.

Use agreement creation may take several weeks.  
**PLAN EARLY!**

### **STEP 7: Attend Event**

The POC or their delegate must be present at the event to troubleshoot, answer questions, etc. This may include, but is not limited to, the following:

- Welcoming group to campus
- Ensuring space is set up correctly
- Serve as the Certified Crowd Manager or designate people to this role. Requirements and link to receive certification can be found in [Section 6 of the Event Procedure Manual](#).
- Assisting with equipment (if applicable)
- Notifying Physical Plant if the space is too hot/cold (903.566.7300)

### **STEP 8: If Required, Ensure Payment is Received in a Timely Manner**

Event Management will invoice the outside organization, with payment due prior to the first date of the event. The POC is responsible for ensuring timely payment of the invoice.



## APPENDIX A

### Certificate of Liability Insurance – Sample Form

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/23/2021			
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p><b>IMPORTANT:</b> If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>							
<b>PRODUCER</b> Superstar Brokerage Firm 2300 Cielo Vista Dr. Austin, TX 78724		<b>CONTACT</b> NAME: John Hancock PHONE: 512-499-4545 FAX: 512-499-4554 E-MAIL: jhancock@superstar.com ADDRESS:					
<b>INSURED</b> XYZ Janitorial Company 15 Flats Street Houston, TX 77008		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>			
		INSURER A: Chubb Indemnity Insurance Company		12777			
		INSURER B: ACE American Insurance Company		22667			
		INSURER C: Liberty Mutual Fire Insurance Company		23035			
		INSURER D: Evanston Insurance Company		53578			
		INSURER E:					
		INSURER F:					
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>			
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>							
INSUR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						
	CLAIMS/MADE						EACH OCCURRENCE \$ 1,000,000
	OCCUR						PREMIUMS (Ea occurr/yr) \$ 300,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	POLICY						GENERAL AGGREGATE \$ 2,000,000
	PRO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	JECT						
	LOC						
	OTHER						
A	AUTOMOBILE LIABILITY						
	ANY AUTO						COMBINED SINGLE LIMIT (Ea occurr/yr) \$ 1,000,000
	OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	HIRER AUTOS ONLY						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS ONLY						
B	UMBRELLA LIAB						
	EXCESS LIAB						EACH OCCURRENCE \$ 3,000,000
	OCCUR						AGGREGATE \$ 3,000,000
	CLAIMS/MADE						
	DED						
	RETENTION \$ 5,000						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						PER STATUTE L DTH BEN \$
	(Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional / Cyber Liability						
							Each Claim \$10,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler are named as additional insureds as required by written contract. A waiver of subrogation in favor of The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler as required by written contract.							
Primary and Non-Contributory coverage is provided as required by written contract.							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
The University of Texas System Board of Regents The University of Texas System The University of Texas at Tyler The University of Texas Health Science Center at Tyler 3900 University Blvd. Tyler, TX 75799				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE			
				**Authorized Representative signature - NOT A STAMP**			

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ACORD 25 (2016/03)

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## APPENDIX A

### Certificate of Liability Insurance – Quick Tips

#### Quick Tips: Understanding the Acord Certificate of Insurance

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/14/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**1. PRODUCER**  
Insurance Agent/Broker who issues certificates.

**2. NAME OF INSURED**  
Must be the legal name of the contracting party.

**3. TYPES OF INSURANCE**  
Must include the types of insurance required by contract.

**4. POLICY FORM**  
"Claims made" or "occurrence" form; see Glossary for definitions.

**5. AGGREGATE LIMIT**  
An aggregate per policy limit applies for the entire policy year; a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.

**6. ADDITIONAL INSURED/WAIVER OF SUBROGATION**  
The Board of Regents of The University of Texas System must be named additional insured with a waiver of subrogation.

**7. CERTIFICATE HOLDER**  
Must be The Board of Regents of The University of Texas System.

**8. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**9. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract.

**10. LIMITS OF INSURANCE**  
Must be the same or greater than required by contract.

**11. DESCRIPTION OF OPERATIONS**  
Typically used for additional information. Place, event times and projects are sometimes described here.

**12. NOTICE OF CANCELLATION**  
Refer to policy to determine carrier's practices regarding cancellation.

**13. AUTHORIZED REPRESENTATIVE**  
Must be signed, not stamped.

**COVERAGES**

TYPE OF INSURANCE	ACCIDENT	THEFT	POLICY NUMBER	EXPIRATION DATE	PRODUCT CODE	LIMITS
<b>GENERAL LIABILITY</b>						
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WPA041256745	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b>						
<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5812345-BDF	10/01/2010	10/01/2011	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ TOTAL AGGREGATE \$
<b>UMBRELLA LIABILITY</b>						
<input checked="" type="checkbox"/> EXCESS LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	908547	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>						
<input checked="" type="checkbox"/> ANY PERSONS EMPLOYED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5548756	10/01/2010	10/01/2011	E&L EACH ACCIDENT \$ 1,000,000 E&L DISEASE - BENEFIT \$ 1,000,000 E&L DISEASE - MEDICAL \$ 1,000,000

**DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES)** (Use ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**  
The Board of Regents of The University of Texas System  
220 West Seventh Street  
Austin, TX 78701

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**  
Joe Broker

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- 1. THE PRODUCER:** Produces or orders Certificate for Insured; answers questions, revises certificate to meet contract requirements.
- 2. NAME OF INSURED:** Must be legal name of contracting party.
- 3. TYPES OF INSURANCE:** Must include types required by contract.
- 4. POLICY FORM:** Will indicate claims-made or occurrence form; see "9. Policy Expiration Date" for additional information.
- 5. AGGREGATE LIMIT:** An aggregate per policy limit applies for the entire policy period (usually one year); a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.
- 6. ADDITIONAL INSURED/WAIVER OF SUBROGATION:** The certificate must include a "V" for additional insured and waiver of subrogation.
- 7. CERTIFICATE HOLDER:** Must be the Board of Regents of The University of Texas System; address must include campus, department and contact person.

- 8. POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- 9. POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract. If "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- 10. LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- 11. DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- 12. NOTICE OF CANCELLATION:** Refer to policy to determine carrier's practices regarding cancellation.
- 13. AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.