



Primary Care | Family Dental | Psychiatric | Counseling | Pediatrics | Post-Acute Care | Substance Use Treatment

## COMMUNITY EVENT/PROJECT SPONSORSHIP REQUEST FORM

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax-Exempt Status:  IRS 501(c)3  Government Agency  Other: \_\_\_\_\_

Event/Project Name: \_\_\_\_\_

Event/Project Date(s): \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Who will be served by this event/project? (please include demographics): \_\_\_\_\_

\_\_\_\_\_

How will this event/project improve healthcare in our area? \_\_\_\_\_

\_\_\_\_\_

How will you measure success? \_\_\_\_\_

\_\_\_\_\_

If approved, how will Heritage Health be recognized for this sponsorship? \_\_\_\_\_

\_\_\_\_\_

Has Heritage Health sponsored this event in the past?  Yes  No

Other anticipated funding sources for this project?  Yes  No *If yes, please specify:* \_\_\_\_\_

\_\_\_\_\_

*If this request is approved, I understand that I may be asked to provide Heritage Health with a follow-up report detailing how many people were impacted and how our contribution was used.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REV: 07/18