

SPONSORSHIP REQUESTS

Sponsorship requests must be [submitted online via this link](#).

The below list of questions is provided in order to help you prepare your answers before submission.

Organization Name

Contact Person

Organization Contact Information

Tax Status

Tax ID Number

Amount Requested (\$)

Have you received a monetary donation from this hospital in the past?

If so, how much and when?

List your major contributors to this event/cause:

Are any other fundraisers planned (or have taken place this fiscal year)? Please list:

How often does your organization use social media?

What percentage of the money you raise goes toward administrative costs? _____%

Please classify your program below (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Health & wellness | <input type="checkbox"/> Children, youth & education | <input type="checkbox"/> Culture & humanities |
| <input type="checkbox"/> Civic Enhancement | <input type="checkbox"/> Other (specify) | |

If this request is for a specific event, please list the date(s) of the event.

Are any Hospital employees actively involved in your organization?

If yes, please list their names and functions within your organizations

How many people will benefit directly from your efforts?

What is the primary focus of your organization?

If other local organizations provide similar services, indicate how your program is unique.

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)

How will this project address local community needs?

How will you measure the success of your project?