

CenCal Health Sponsorship & Donation Request Form



The CenCal Health Sponsorship & Donation Policy (COM-003) establishes guidelines that must be followed for corporate sponsorships to be dispersed. CenCal Health believes in supporting community organizations that provide safety net of services.

Our Mission & Vision

To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership.

Be a trusted partner in achieving health equity in every neighborhood, so that our communities are the healthiest in California.

Organization Requesting Sponsorship or Donation

Organization: _____ Date: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____
(Street Address) (City) (State) (Zip)

Sponsorship/Donation or Event Information

Name: _____ Date: _____

Location: _____

Amount of Funding Requested: \$ _____ Tax ID#: _____ 501(c)(3)? YES NO

Tell Us About Your Organization

Describe your organization's mission: _____

Describe how the sponsorship or donation funds will be used.

Tell us about your organization (cont.)

If an event, please describe the audience demographics and expected attendance number: _____

Has CenCal Health sponsored this event or organization in the past? YES NO If so, when?

Describe how these funds will benefit CenCal Health, our members, providers or the health of the community.

Does your organization have board representation or any affiliation with a CenCal Health staff member?

YES NO If yes, who? _____

Please provide any additional information you would like to be considered as part of your request.

Please submit your request as indicated below.

If applying for sponsorship of an event, CenCal Health requires all requests be submitted at least FOUR (4) weeks prior to an organization's event in order to be reviewed and fully processed. Organizations completing this Request Form will be notified of award disposition. **If approved, check will be delivered in-person (if possible).**

In order for your request to be reviewed, the following documents must be attached in one submission.

- **Letter of request on the organization letterhead**
- **W-9 Form**
- **Breakdown of all sponsorship levels, including benefits of each level (If applicable)**
- **List of all organization board of directors and/or event committee members**
- **List of all potential co-sponsors of the event (If applicable)**

Please email all of the above in a single pdf to: community@cencalhealth.org



CenCal Health must see and approve any use of our logos prior to publication. Logos will be provided if Sponsorship or Donation request is approved.

Community Outreach Coordinator
(Signature) Approved _____ Amount Denied _____ Date

Director of Communications & Community
Relations or Chief Executive Officer
(Signature) Approved _____ Amount Denied _____ Date

For Internal Use Only

- Complimentary Services Provided
- Demonstrable Benefit
- Services could be provided but does not

Amount of Sponsorship granted: \$ _____

Notes/Justification:

If not approved, note here: