

COMMUNITY EVENT/PROJECT SPONSORSHIP APPLICATION



Date of Application: _____

Donation Requested (please choose) : Funds Goods (gift basket, etc.) Services

Name of Organization: _____ 501(c)(3) Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person Name & Role / Title: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Event or Project Name: _____

Event or Project Date (s): _____

Event or Project Duration: _____

How will this event or project help the community meet its CHIP goals and objectives? (Please cite specific objectives, goals or strategies from the plan referenced on page 1.) _____

How will you measure your results? _____

Summarize sponsorship details here (promotional considerations, advertising, other materials): _____

List other organizations in your area with similar purposes or programs: _____

Amount secured from other sources: _____

Total project/program budget: _____

Specify how the funds will be spent: _____

State the annual budget of your organization: _____

Describe past support received from St. Peter's Health: _____

FOR SPH INTERNAL USE ONLY (*Please initial and date*)

Date Received Request: _____

Approved (circle): Y or N Level _____

Notification Message Sent: _____

IRS Documentation Received: _____

Value to enter for CBISA: \$ _____

Please return the Community Event/Project Sponsorship Application form to:

Email: JCederberg@sphealth.org

Fax: 406-444-2389 Mail: Public Relations &

Marketing

St. Peter's Health 2475

Broadway Helena, MT 59601

953-026-G-1 (5/18)