

Sponsorship Application

To apply for sponsorship of your organization's event or program, please complete the application and submit any supporting materials. BayCare's Sponsorship Committee will review your application in accordance with our sponsorship Eligibility Criteria. Applications must be received at least 90 days in advance of when the sponsorship funds are needed in order for the committee to consider your request.

Name of Organization:

Contact Person's Name:

Contact Person's Job Title:

Mailing Address:

County:

Phone:

Email:

Organization Website:

Is the organization an IRS 501c3 nonprofit? Yes No

Please describe the organization's history, mission and goals:

Does the organization already have a relationship with BayCare and/or BayCare team members? Yes No

If yes, please describe:

Please provide details of the requested sponsorship and attach sponsorship package levels (if applicable):



Will this sponsorship be used to address an identified community need? Yes No

If yes, please provide details on the programs that will be supported by our sponsorship.

Will this sponsorship support the following topics? Please select all that apply.

Mental Health and Substance Abuse

Access to Health Care

Exercise, Nutrition and Weight

None of these

How much are you requesting?

What percentage of our sponsorship dollars would stay within the local community (Hillsborough, Pasco, Pinellas and/or Polk County)?

Can you provide a proof of performance report back to BayCare detailing the impact our dollars had on improving the health and wellbeing of our community and other sponsorship deliverables? Yes No

Please describe anticipated outcomes:

Is this request for an event? Yes No

Name of Event:

Date:

Contact Name:

Contact Phone:

Contact Email:

Number of people expected to attend:

What will be required of BayCare to participate in the event?

Deadline for sponsorship decision:

Please send completed application and any supporting documents to sponsorships@baycare.org.