SHSSR Sponsorship Program Proposal

Organization Name:

Event or program name(s) and date(s):

Overview/background and audience or clients served: (250 words max.) (Organizational description and the audience your organization serves.)

Prior sponsorship awards: (50 words max.) (From Sutter only please)

Requested dollar amount and goal of sponsorship: (125 words max.) (What do you hope to achieve with your program or event and how much are you requesting?)

Sponsorship levels and benefits: (100 words max.) (*Please list all sponsorship levels and benefits available for the event(s).*)



Submit sponsorship application to shssrsponsorships@sutterhealth.org

Connection of sponsorship to SHSSR priorities: (100 words max.)

(See SHSSR investment priorities and describe how your program or event aligns with them.)

Impact of sponsorship to community: (150 words max.) (How does the community benefit from your event or program?)

Success measurement tactics: (100 words max.) (How will you know that you achieved your goals?)

Community relationship and references: (50 words max.) (Is there someone at Sutter or in connection with Sutter you want us to know about?)

Point of contact: (25 words max.)

(Who should we work with from your organization? Please include name, telephone number and email.)



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