

The CenCal Health Sponsorship Policy establishes guidelines that must be followed for corporate sponsorships to be dispersed. This may include promotional events that have a direct or indirect impact on members but may have provider, advocate, or general community impact.

CenCal Health believes in supporting our community partners, and our economic support focuses on making our community stronger and a better place to live while supporting CenCal Health's strategic goals and initiatives. As a public agency committed to fiscal integrity, there must be transparency and accountability at every level in the award process. CenCal Health respectfully requests that you complete the Sponsorship Request form below and submit it to be reviewed for approval.



Our Mission

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.

Organization Requesting Sponsorship

Date: _____

Organization: _____

Contact Name: _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-mail: _____

Event Information

Event name: _____

Event date: _____

Tax ID#: _____

Event Location: _____

Amount of Sponsorship Funding Requested: _____

Tell us about your organization

Please describe the mission of your organization: _____

Briefly describe the sponsorship opportunity or event: _____

Please describe the audience demographics and expected attendance numbers: _____

Has CenCal Health sponsored this event or organization in the past? If so, when? _____

Please explain how this sponsorship opportunity or event will benefit CenCal Health and the health of the community? _____

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

CenCal Health requires all sponsorship requests be submitted at least **THREE** weeks **prior** to an organization's event in order to be reviewed and fully processed. Organizations completing CenCal Health's sponsorship request can expect to be notified after receipt of application and if awarded. Upon approval, funding will be facilitated.

In order for your request to be reviewed, the completed Sponsorship Request Form must be completed. In addition to the Request Form, the following documents must be attached in one submission.

- Letter of request on the organization letterhead
- W-9 Form
- Breakdown of all sponsorship levels that include benefits
- List of all organization board of directors and/or event committee members
- List of all potential co-sponsors of the event
- Event Benefits:
 - Marketing materials with our logo on them ☐ Y ☐ N
 - Logo appearing on media and announced during event ☐ Y ☐ N
 - Resource table availability ☐ Y ☐ N

Please email all of the above to: community@cencalhealth.org

For further assistance, please contact Krista Vega at 805.562.1024 or via email community@cencalhealth.org.

For Internal Use Only

- ☐ Part of core business
- ☐ Mission critical
- ☐ Unmet Needs
- ☐ Added Value

Notes/Justification:

Community Relations Program Manager	Approved	Denied	Date received	Date granted
Director of Program Development or Authorized Representative	Approved	Denied	Date received	Date granted