



# *Sponsorship Application Guidelines for Sports Organizations, Events and Programs*

## **Purpose and Philosophy**

St. Luke's Sports Medicine is proud to be the community leader in providing sports medicine care and in supporting sports related community outreach efforts throughout the Treasure Valley. In keeping with its mission, "to improve the health of the people in our region," St. Luke's Health System is committed to improving the health of the communities it serves. With the continued growth and requests for sponsorship dollars to support a wide-range of sporting activities throughout the valley we have developed an application process to address community needs in a streamlined fashion. Through this process we can identify the community needs of highest priority thus ensuring we provide the highest level of support possible.

## **Funding Criteria/Eligibility**

Funding will be considered for proposals for sports related organizations, events, programs and services that meet all of the following criteria:

- Benefit a geographic area served by St. Luke's.
- Are consistent with St. Luke's Health System mission, vision and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke's services and departments.
- Must be a community group/organization involved in youth or adult athletic leagues or events.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.
- Include an evaluation component based on measurable, predicted outcomes and that demonstrates program effectiveness.

## **Limitations**

Funding will **NOT** be approved for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals

**Note: Requests for support of sports related programs/events/services that qualify as a 501c3 should consider applying for the CHI (Community Health Improvement) Fund Annual Grant Program, there is a separate application available at [www.stlukesonline.org/giving](http://www.stlukesonline.org/giving).**

## **Operating Guidelines**

- Contributions as agreed upon by both parties shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.
- All applications must be approved by the St. Luke's Sports Medicine Application Committee and St. Luke's Contribution Committee
- Recipients shall give appropriate acknowledgment to St. Luke's Sports Medicine in all promotional materials, activities and programs receiving support through St. Luke's Sports Medicine.
- Recipients shall submit a project performance report indicating the actual use of the funds and the results of the project bi-annually.

## Timeline

1. Applications may be submitted beginning on June 1<sup>st</sup> of each calendar year. The deadline for submittal of applications is September 30<sup>th</sup> of each calendar year.  
**Note:** Applications received after the deadline of September 30<sup>th</sup> will not be considered until the following year.
2. All applications will be reviewed following the application deadline and evaluated based upon established criteria. St. Luke's makes the final determinations and applicants usually receive written notification of their decision within one month following an application deadline (November 1<sup>st</sup>).
3. Services and/or funding typically commence at a predetermined start date as agreed upon by all parties beginning as early as December 1<sup>st</sup>.

## How to Apply

1. Download and review the application guidelines at [www.stlukesonline.org/sports](http://www.stlukesonline.org/sports) or at [www.st.lukesonline.org/giving](http://www.st.lukesonline.org/giving) to determine which application your program, event or organization qualifies for.
2. Complete the appropriate application and gather the required attachments.
  - a. If you are seeking a cash donation, supplying a W-9 form with the application may expedite the donation process if your application is accepted.
  - b. If it is possible to attach a schedule of events, please do so.
  - c. If your organization maintains a 501(c)3 status, please attach verification documentation.
3. Email the completed application to [sponsorships@slhs.org](mailto:sponsorships@slhs.org) as WORD attachments. In the subject field of the email header, type "Sports Medicine Sponsorship Application" (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below, or faxed to (208) 381-9201).
4. **Applications must be received by the intended deadline. Late applications will not be reviewed until the following year.**

### Contact Information

Kip Dribnak  
St. Luke's Sports Medicine  
111 West State Street  
Boise, ID 83702

Email: [sponsorships@slhs.org](mailto:sponsorships@slhs.org) Phone: (208) 870-5460



*Sports Organizations, Events, Programs  
Sponsorship Application*

## Section 1: Organization Information

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Purpose/Mission \_\_\_\_\_

## Section 2: General Information

*Please fill out the remaining questions to the best of your ability. If specifics are unknown, please estimate or approximate as best possible. Each question may or may not apply to your situation. Please fill out the form as completely as possible, and leave questions blank if they are not applicable. We will contact you if additional information is needed.*

• Date of this request: \_\_\_/\_\_\_/\_\_\_

• Is your organization:

For profit

Not for profit

N/A

**Note: Requests for support of sports related programs/events/services that qualify as a 501c3 should consider applying for the CHI (Community Health Improvement) Fund Annual Grant Program, there is a separate application available at [www.stlukesonline.org/giving](http://www.stlukesonline.org/giving).**

• Amount requested \_\_\_\_\_

Type of funding requested: Cash Grant, Matching Grant, In-Kind Support – describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• What is the intended use of these funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have a contact or relationship with anyone within St. Luke's? (Y/N)? \_\_\_\_\_
  - If so, who? \_\_\_\_\_
- Is signage placement available at your event location (Y/N)? \_\_\_\_\_
- Do you publish /print an event program that is distributed (Y/N)? \_\_\_\_\_
- Are you open to logo placement on t-shirts or jersey's (Y/N)? \_\_\_\_\_
- If you have PA announcements, are sponsors able to provide announcements at the event (Y/N)? \_\_\_\_\_
- Do you maintain an active website (Y/N)? \_\_\_\_\_
  - If yes, how many "hits" per month do you receive? \_\_\_\_\_
  - Do you allow sponsors a space for logos on your website (Y/N)? \_\_\_\_\_
- Do you use social media (Y/N)? \_\_\_\_\_
  - If yes, what is your Facebook and/or Twitter page \_\_\_\_\_
- How large is your organization or program? \_\_\_\_\_ Adults or youth? \_\_\_\_\_
- If an event how many attendees do you expect? \_\_\_\_\_
- Where is your program or event located? \_\_\_\_\_
- And when? \_\_\_\_\_
- If an event, is there room to park a 45-foot Sports Medicine trailer? (Y/N)? \_\_\_\_\_

## Section 4: Additional Information

- Is your organization open to educational opportunities provided to coaches, parents, athletes or game officials? Educational topics may include concussion, sports injuries, rehabilitation, nutrition, etc. (Y/N): \_\_\_\_\_
- Is or has your organization received funding from St. Luke's or from any St. Luke's affiliates in the past in the form of sponsorship dollars, in-kind support, or grants? If so, please list which St. Luke's department(s) or affiliate(s), dates, and amount of funding or type of support:
   
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\_\_\_\_\_
   
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\_\_\_\_\_
- Positive outcomes for your organization from this sponsorship/support include:
   
\_\_\_\_\_
   
\_\_\_\_\_

- Positive outcomes for your community from this sponsorship/support include:

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- Positive outcomes for St. Luke's from this opportunity include:

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- St. Luke's mission is "to improve the health of people in our region," and is based on the values of integrity, compassion, accountability, respect and excellence. Please briefly explain how your organization strives to promote and uphold these values.

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- St. Luke's is asking all current and new partners to participate /volunteer in activities and or initiatives focused around our mission. Is this something your organization or program would be willing to be a participant / volunteer? (Y/N)? \_\_\_\_\_

**TO SUBMIT:**

Email this completed application to [sponsorships@slhs.org](mailto:sponsorships@slhs.org) as WORD attachments. In the subject field of the email header, type "Sports Medicine Sponsorship Application" (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below, or faxed to (208) 381-9201)

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**Applications must be received by the intended deadline. Late applications will be reviewed in the following review period, or may be deemed ineligible due to lack of lead-time.**