

Sponsorship Guidelines and Application



COXHEALTH

CoxHealth Community Sponsorship Guidelines and Application

CoxHealth's mission is to improve the health of the communities that we serve through quality health care, education, and research. CoxHealth has a funding mechanism for assisting not-for-profit organizations through a health and wellness event sponsorship. As the only locally governed not-for-profit healthcare system in Springfield, CoxHealth has as a board policy to only make donations to not-for-profit organizations when the following guidelines are met:

- The requesting organization must be located within the 24-county primary and secondary service area of CoxHealth.
- The organization's sponsorship opportunity must be consistent with CoxHealth's mission and core values and aimed at improving the health status of the community.
- Offer programs that enhance or encourage an active and healthy lifestyle.
- Aim to improve community health or help serve and support an unmet community health need. e.g., prevent obesity.
- Support major clinical programs at CoxHealth such as heart and vascular services, cancer, diabetes, neurosciences, etc.
- Have a long-standing history of community service, demonstrated successful results or have a proven record of stewardship.

Note: CoxHealth does not make contributions to political parties, candidates, legislative advocacy groups, capital endowment campaigns, individual team sports, debt retirement, gifts to individuals or organizations that discriminate based on age, race, sex, religion, national origin, mental or physical ability.

DEADLINE FOR REQUESTS

Contribution requests will be reviewed in the order in which they are received. Requests received after the deadlines will not be considered until the next occurring deadline.

January, February and March Events – Requests must be submitted by October 1

April, May and June Events – Requests must be submitted by January 1

July, August and September Events – Requests must be submitted by April 1

October, November and December Events – Requests must be submitted by July 1

REQUIRED DOCUMENTS

If sponsorship is granted, the following documents will be required prior to the sponsorship being processed.

- Copy of tax exempt status
- W9
- Any additional information/material regarding the sponsorship opportunity

Community Sponsorship Request

1. How your event supports CoxHealth's mission, vision and values, as stated below:

- **COXHEALTH'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH QUALITY HEALTH CARE, EDUCATION AND RESEARCH.**
- **OUR VISION IS TO BE THE BEST FOR THOSE WHO NEED US.**
- **WE VALUE SAFETY, COMPASSION, RESPECT AND INTEGRITY.**

2. How will the contribution be used? What is the community benefit? And how will you determine whether your event/project accomplished its goal?

3. Any additional information you would like to provide regarding this sponsorship opportunity.

4. What media/signage/public exposure is included as a part of the sponsorship?

5. What are your administrative costs for the event?

6. What is your fundraising goal?

7. What other ways could CoxHealth support your request? Ex. Ambulance, booths, medical, staff educators, etc.

8. What other sponsorship levels are available?

9. Is there an opportunity to be the exclusive healthcare sponsor?

Community Sponsorship Request Form

Organization Information (Please print or type.)

Name of Organization: _____

Year Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Leader: _____

Title: _____

Email: _____

Phone: _____

Sponsorship Contact: _____

Title: _____

Phone: _____

Nature of services provided by organization: _____

Geographic areas served: _____

Sponsorship Event Information

Name of Event/Activity: _____

Date of Event/Activity: _____

Location of Event/Activity: _____

Event/Activity Target Audience: _____

Expected Attendance: _____

TYPE OF SPONSORSHIP REQUEST:

Ad In-Kind Donation Labor/Volunteer Hours Event/Activity Sponsorship

Other (Describe): _____

Requested amount (dollars/hours): _____

Date Funds/Services Required: _____

Please describe other sources of support for this event/activity that you have already received or are pursuing: _____

Please send to:

CoxHealth
ATTN: Sponsorship
3850 S. National Ave. Ste. 500
Springfield, MO 65807

For more information:

Phone: 417/269-3101
Fax: 417/269-3104
Email: sponsorships@coxhealth.com

