



Sponsorship Request Form

Venice Regional Bayfront Health and Gulf Coast Medical Group are committed to supporting charitable organizations and activities consistent with our mission to improve the health and quality of life in the communities we serve. We provide funds to support the outreach efforts of organizations with similar goals.

In order ensure that our sponsorship awards delivers real value to our community, we are moving toward an annual sponsorship process. We are currently accepting requests for sponsorship for January, 2020 to December, 2020. This includes requests for sponsorship funding and in-kind donations for the hospital, clinics and services. After deadline, a sponsorship committee will review all submitted applications, initiate the selection and approval process, and follow-up with the requesting organizations.

The deadline for all sponsorships for January, 2020 to December, 2020 is October 1, 2019.

We will consider sponsorship opportunities that meet the following criteria:

- The requester must be a not-for-profit, tax exempt 501(c)(3) organization
- The requesting organization must be located within Venice Regional's service areas
- The organization's sponsorship opportunity must be consistent with Venice Regional's mission and aimed at improving the health status and well-being of the community
- The activities and projects associated with the sponsorship must support Venice Regional's commitment to community outreach and collaboration

Venice Regional does not make contributions to individuals, political parties, political or for-profit organizations.

We are striving to address heart disease, cancer, lung disease, diabetes, women and children's health issues, identified as areas of particular need within in our community. Requests that address these issues will be given a higher priority. In addition, we will be measuring how these sponsorship dollars are affecting individuals in our community. Our goal is to see marked improvements in these critical areas.

Please complete this sponsorship form below and email the form along with your W9, 501c3 and supporting documentation about your sponsorship to Julie.Beatty@BayfrontHealth.com.

Date:

Name of requesting organization:

Program or event name of sponsorship:

Type of sponsorship (cash donation/event/advertising/other):

Communities receiving benefit of program:

Demographic receiving benefit of program:

Amount requested:

Has Venice Regional Bayfront Health supported financially in the past? Yes No

Date of event:

Deadline for sponsorship payment:

How will you quantify the success of your programs efforts?

To be considered, please email the following to Julie.Beatty@BayfrontHealth.com

- ✓ Sponsorship form
- ✓ W9
- ✓ 501c3
- ✓ Supporting documentation for sponsorship (list of benefits, description, dates, deadlines, etc)
- ✓ Copies of ads previously run by Venice Regional or Gulf Coast Medical Group as part of a sponsorship

Thank you for your request.