

# Creek Valley Health Clinic

20 S Colvin St. PO Box 418, Colorado City, AZ 86021

Phone: 435.900.1104 Fax: 435.900.1175 www.creekvalleyhc.com



## Community Sponsorship Request – Up to \$500

*For sponsorship and donation requests of \$500 or less.*

Please complete this form and return it to [sponsorships@creekvalleyhc.com](mailto:sponsorships@creekvalleyhc.com) at least 30 days before funds are needed.

### Organization Information

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**Requesting Organization (Legal Name):** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**Organization Type (check one):**

- 501(c)(3) nonprofit
- Public or charter school
- Local, tribal, state, or federal government entity
- Federally recognized tribal nation

*Please attach IRS determination letter or governmental documentation.*

**Point of Contact Name:** \_\_\_\_\_

**Title or Role:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Request Details

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**Name of Event or Program:** \_\_\_\_\_

**Date of Event or Funds Needed By:** \_\_\_\_\_

**Amount Requested (up to \$500):** \$ \_\_\_\_\_

**Payee Name (for check):** \_\_\_\_\_

**Payee Mailing Address:** \_\_\_\_\_

**Brief Description of Event or Program (2 to 3 sentences):**

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

**Estimated Number of People Impacted:** \_\_\_\_\_

**How does this event or program align with CVHC's mission of improving access to high-quality health care in the Short Creek region, and our vision of a safe, healthy, connected community?**

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**Recognition CVHC will receive (banner, social media, booth space, tickets to event, etc.):**

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## **Eligibility Attestation**

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Please check each item to confirm:

- Funds will not be used for political campaigns or partisan political activity.
- Funds will not be used for religious proselytizing or sectarian religious activity.
- Funds will not be used to support abortion services, or any organization that provides, pays for, or covers abortions, or that financially supports any such entity.
- The requesting organization does not discriminate on any protected basis.
- Funds will be used solely for the purpose described in this request.
- The activities funded will not jeopardize CVHC's federal tax-exempt status or Health Center Program funding.

## **Conflict of Interest Disclosure**

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**Does any CVHC Board member, officer, or employee have a direct or indirect interest in the requesting organization, including service on its board, employment, family relationships, or financial interest?**  Yes  No

**If yes, describe:**

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**Disclosure of CVHC Board, Officer, or Employee Interest (if applicable):**

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## **Certification**

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I certify that the information in this request is accurate and complete to the best of my knowledge, and that the requesting organization will use any funds received solely for the purpose stated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

## **For CVHC Internal Use Only**

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**Decision:**  Approved  Denied  Referred to Board

**Amount Approved:** \$ \_\_\_\_\_

**CEO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_