

# 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 – Over \$500

*For sponsorship and donation requests above \$500. All requests of this amount require Board approval.*

Please complete this form and return it to [sponsorships@creekvalleyhc.com](mailto:sponsorships@creekvalleyhc.com) at least 30 days before funds are needed, to allow time for Board review at the next scheduled meeting. Please include supporting information if applicable (event fliers, sponsorship packages, presentation materials, etc.)

### Section 1: Organization Information

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

**DBA or Common Name (if different):** \_\_\_\_\_

**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.*

**Year Founded:** \_\_\_\_\_

**Brief Organizational Mission (1 to 2 sentences):**

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

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

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

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

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

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

### Section 2: Request Details

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**Name of Event, Program, or Sponsorship Opportunity:** \_\_\_\_\_

**Event or Program Date(s):** \_\_\_\_\_

**Funds Needed By:** \_\_\_\_\_

**Total Amount Requested: \$** \_\_\_\_\_

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

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

Has this organization received funding from CVHC in any prior calendar year?  Yes  No

If yes, list year(s) and amount(s):

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

Has this organization submitted any other CVHC giving request in the current calendar year?

Yes  No If yes, briefly describe:

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

### Section 3: Evaluation Criteria

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The Board reviews each request against the criteria below. Please provide a complete response to each.

A. **Description of the Event or Program:** Include the activities funded, the target audience, the location, and the timeline.

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

B. **Alignment with CVHC's Mission, Vision, and Strategic Priorities:** CVHC's mission is to improve access to high-quality health care in the Short Creek region. Our vision is a safe, healthy, connected community. Describe how this event or program advances CVHC's mission, vision, and priorities.

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

C. **Number of People Impacted.** Provide an estimated number of people served or reached, and describe the population served (geography, demographics, populations of focus).

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

D. **Applicant Track Record.** Describe the organization's history delivering this event or program, or similar work. Include prior outcomes, attendance, or impact figures where available.

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

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E. **CVHC Visibility and Recognition.** Describe specifically how CVHC will be recognized. Include all deliverables, such as logo placement, banner space, social media mentions, program listings, booth opportunities, speaking time, or other visibility.

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F. **Complementary, Not Duplicative.** Explain how this event or program complements rather than duplicates services already provided by CVHC.

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## Section 4: Major Sponsorship Information

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*Complete this section only if your request exceeds \$2,500.*

**Justification for Major Sponsorship Amount.** Explain why an amount above \$2,500 is appropriate for this opportunity, including the scale, reach, and strategic value to CVHC.

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**Is this request part of a multi-year sponsorship arrangement, or do you anticipate submitting similar requests in future years?**  Yes  No

**If yes, describe:**

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**Has the requesting organization received CVHC Major Sponsorship funding (above \$2,500) in any of the previous three calendar years?**  Yes  No

**If yes, list year(s) and amount(s):**

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## Section 5: 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.

The organization will provide written acknowledgment that funds were used as represented, if requested.

## Section 6: 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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## Section 7: 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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Board Decision:  Approved  Denied

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

Board Meeting Date: \_\_\_\_\_

Recorded in Minutes:  Yes

Designated as Major Sponsorship:  Yes  No

Designated as Signature Community Partner:  Yes  No

Conflict of Interest Recusals Recorded: \_\_\_\_\_

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