*The Chaves County Health Council is committed to promoting and supporting (via volunteerism or sponsorship) events and/or activities that improve the physical, mental, and social well-being of all of its residents of Chaves County. The Chaves County Health Council may make these activities a reality by providing support (either by volunteerism or financial) for these events/activities when requested.* **Please fill out and submit the sponsorship request form to the CCHC Director at least 60 days prior to your event. The request will be presented to the CCHC membership during its monthly meeting and then the board will vote on it during the board’s monthly meeting.**

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| Date: | | Click or tap to enter a date. | Federal Tax ID# | | | Click or tap here to enter text. | | | | | | 501(c)3 nonprofit?  Yes  No |
| Click or tap here to enter text. | | | | | | | | | |  | Click or tap here to enter text. | |
| Organization Name | | | | | | | | | |  | Phone | |
| Click or tap here to enter text. | | | | | | | | | |  | Click or tap here to enter text. | |
| Contact Name & Title: | | | | | | | | | |  | email | |
| Member of Health Council  Yes  No | | | | Amount/Items Requested: | | | Click or tap here to enter text. | | | | | |
| Brief History of Organization: | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| Reason for Sponsorship Request: | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| How will the Health Council be recognized as a sponsor for your organization/event? | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| Has the Health Council donated to your organization/event in the past? | | | | | | | | | | Yes  No | | |
| If yes, please specify the program/event, type and amount of sponsorship and date. | | | | Click or tap here to enter text. | | | | | | | |
| Is anyone in your organization a member of the Health Council? | | | | | | | | Yes  No | | | | |
| *If no, we encourage your organization to become a member of the Chaves County Health Council and attend regular meetings on the second Wednesday of each month.* | | | | | | |  | Would you like to become a member?  Yes  No | | | |

***I understand that if I receive funding, someone from my organization will attend the next Health Council meeting within 30 days after my event and provide a short presentation on the event outcome and that failure to present can affect future sponsorship opportunities.***

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| Signature |  | Date |

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| Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED:  Yes  No, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Vote:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presentation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Eligible for Future Funding:  Yes  No, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |