**Sponsorship Application Form**

1. Year of Requested Sponsorship: Year
2. Full Name of Charity/Organization: Name of Organization
3. Which Funding Priority Does Your Organization Qualify For:
4. Type of Organization: *(select the one that best applies)*
5. Type of Request: *(select the one that best applies)*
6. Is a Company Employee(s) Involved with Organization: *(select the one that best applies)*
7. If Yes, List Name of Employee(s) & Type of Involvement: *(select the one that best applies)*    
   First & Last Name   
     
   First & Last Name   
     
   First & Last Name   
     
   First & Last Name   
     
   First & Last Name
8. Does the request have an event associated with it *(if no, skip to question 32)*:
9. Type of Event: *(select the one that best applies)*
10. Name of Sponsorship Event: Name of Event
11. Date of Event: 00/00/00 - 00/00/00
12. Start Time of Event: 0:00
13. End Time of Event: 0:00
14. Name of Location: Full Name of Location
15. Address of Location: Address City State Zip
16. Attire of Event: *(select the one that best applies)*
17. What is the Ad Deadline: 00/00/00
18. Estimated # of Attendees at Event: *(select the one that best applies)*
19. Company Employee Being Honored: *(select the one that best applies)*
20. Name of Employee Being Honored? First & Last Name or N/A
21. When Are Name of the Guests Who are Attending Due: 00/00/00
22. When is the Deadline to be on Invitations: 00/00/00
23. Are there any additional events associated with the primary sponsorship event (*Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc…)*
24. Name of Event: Name of Event
25. Date of Event: 00/00/00 - 00/00/00
26. Start Time of Event: 0:00
27. End Time of Event: 0:00
28. Name of Location: Full Name of Location
29. Address of Location: Address of Location: Address City State Zip
30. Attire of Event: *(select the one that best applies)*
31. Has your organization been funded before by our company? 
    1. If yes, when was the most recent year? List year or N/A
    2. How much was the funding? List funding amount or N/A
32. The Sponsorship Request Will Affect Which Country *(select the one that best applies)* 
    1. If you selected other, please specify the country: Name of Country or N/A
33. The Sponsorship/Membership Request Will Affect Which County/Area *(select the one that best applies):*  
     Broward  
     Miami-Dade  
     Palm Beach  
     South Florida (Palm Beach/Broward/Miami-Dade)  
     Statewide (Florida)  
     National  
     Other  
    *If “Other” is selected, please indicate which county*
34. Your organization Serves What Type of Population Served: *(you may select up to three that best apply)*  
     Animals  
     At Risk Youth   
     Disability  
     Foster Care  
     General Community   
     Industry Professionals  
     Leaders/Executives   
     Low to Moderate Income  
     LGBT   
     Medically Ill  
     Minority   
     Seniors   
     Tourists  
     Veterans/Military/Police  
     Youth (ages 0-18)  
     N/A
35. Does Organization Have a Young Professionals Group: *(select the one that best applies)*
36. Charity/Organization Contact:   
    First & Last Name  
    Title  
    Email Address  
    Phone Number  
    Street Number & Ste. # City State Zip

Upon completion of the Sponsorship Application you may send an email with the **application, a proposal, W-9 form and list of Board of Directors** to Kim Zeltwanger, [KZeltwanger@trividiahealth.com](mailto:KZeltwanger@trividiahealth.com).

Please title the subject line of your email to read **Trividia Health Community Partnership Request for <Name of Your Organization>.**