**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.

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