



Sponsorship Guidelines and Application

The Mountain View Hospital (MVH) mission is “We are a community of caregivers dedicated to compassion and excellence in improving the health of those we serve.” We extend our mission beyond our walls by contributing a limited amount of funds each year to other nonprofit organizations who share our vision for a healthy community.

OUR SPONSORSHIP PRIORITIES

We focus our community giving primarily on projects and programs that promote or support health, health education and human services. We place special emphasis on requests related to the communities of Jefferson County.

OUR PROCESS

Sponsorships are awarded on an annual basis. To be eligible for funding, you must submit your application before the deadline. Funds will be awarded after the selection process for the next fiscal year. Submission deadline: **May 15th** of the preceding fiscal year (MVHD's fiscal year is July 1 - June 30). Notifications will be made by **June 30th**. A MVH Sponsorship Application must be completed and returned to us via fax or mail to be considered for funding. All applications received after this review period will be considered on a "first come, first serve," basis and will be reviewed for sponsorship eligibility.

FAX: (541) 475.0615

MAIL: MVH Sponsorship Program
Marketing & Communications
470 NE A Street
Madras, OR 97741

REQUESTED DOCUMENTATION

To complete our application form, be prepared to supply the following information:

- Copy of IRS 501(c)3 letter.
- Brief background information about your organization.
- Detailed information about your specific project or program.
- Any supporting materials (brochures, flyers, etc.) related to your request.

RESTRICTIONS

Please be aware that MVH does not provide contributions to:

- Organizations that practice discrimination by race, gender, religion, age, sexual preference or national origin
- Political candidates or causes
- Religious organizations for religious purposes
- Endowments or capital campaigns
- Trips and tours
- Co-marketing sponsorships that endorse a product or service
- Individuals



In general, one cash grant, not to exceed \$1,000, per calendar year is provided to eligible nonprofit organizations. Please be advised that because of our reputation as a responsible corporate citizen throughout Jefferson County, we receive more requests for charitable contributions than we can accommodate. MVH does not provide multi-year pledges or sponsorship agreements.

*If you have questions about the process or the application itself, please feel free to contact the **Marketing & Communications Department at (541) 460.4039.***

MVH Sponsorship Application

Name of organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Organization Web site: _____

501(c)3 Number: _____

Contact Name: _____

Contact Job Title: _____

Contact E-mail: _____

Please submit responses to the following questions; attach information where pertinent.

1. Describe your project or program and its history in our communities (*i.e. Why is this project needed? What is your mission? What will this project support? How will your project or event have a positive impact on our community?*).
2. How does your event or project align with our sponsorship priorities?
3. How many people will your project/event reach, and what are your audience demographics?
4. What is the specific cash amount requested? Or what are the contribution levels, including the benefits at each level for MVH?
5. If your request is for an in-kind contribution, please explain how you will use the in-kind resources?



6. What are your plans for evaluating your project, including measurable outcomes?
7. How will you share news about your event or project with our community?
8. How will you acknowledge Mountain View Hospital's support?

Please include this completed page as a cover sheet. You may attach extra pages to this application where needed.