



Sponsorship Request Form

CenCal Health is committed to cultivating and strengthening partnerships with organizations that serve our members and communities. CenCal Health provides event sponsorships to nonprofit organizations that align with our mission, vision, and specific focus areas.

Our Mission & Vision

Mission: To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership.

Vision: To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.

Our Focus Areas

Organizations that submit a sponsorship request must ensure that their event or the organization itself aligns with at least one of the following focus areas.

Please select which focus area your event or organization will help support (you can select more than one, if applicable):

- Outreach and education:** Community outreach activities that focus on sharing resources and education with community members, with an emphasis on CenCal Health’s membership and low income individuals.
- Health services:** Events where free healthcare services, like vaccines and dental screenings, will be offered to economically disadvantaged and under-resourced community members. For these particular events, organizations will not be filing insurance claims with CenCal Health to receive reimbursement for services provided to CenCal Health members.
- Social drivers of health:** Initiatives aimed at supporting community members facing complex social and economic conditions – such as housing insecurity, lack of transportation, food insecurity, and beyond – that impact their health and wellness.
- Advancing health equity:** Strategies aimed at advancing health equity so everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.
- Strengthening Medi-Cal:** Strategies focused on enhancing the impact of Medi-Cal programs and initiatives, especially locally, such as the California Advancing and Innovating Medi-Cal (CalAIM) initiative.
- Partnerships:** Building collaborative partnerships within the business, healthcare, and government affairs, and/or trade association sectors.
- Building a healthcare workforce:** Development of a future healthcare workforce that meets the evolving and diverse needs of our membership and communities.
- Medical education:** Initiatives that offer medical training to healthcare providers to improve the quality and delivery of care for our members and communities.

Organization Requesting Sponsorship

Organization: Date:

Service area (cities, county, counties, or region): Nonprofit? YES NO

Contact Name: Title:

Phone: Email:

Address:
(Street Address) (City) (State) (Zip)

Website:

Does your organization have board representation or any affiliation with a CenCal Health? YES NO

If yes, who?:

Are you a contracted CenCal Health provider?: YES NO

Describe your organization's mission:

Provide a brief explanation of what your organization does, including the services and programs offered:

Has your organization received any grant funding or incentive funding from CenCal Health that is **not** related to a sponsorship?: YES NO

If so, specify the type of funding received, year, and the amount:

Event Information

Name: Date:

Location:

Sponsorship amount requested: \$

Is there a specific deadline to confirm sponsorship?:

Describe how the financial support from CenCal Health will be allocated. Specifically, describe how the dollars will be spent:

Describe the objective of this event (i.e., This event will raise funds for...):

Event Information (cont.)

Describe the audience demographics and expected attendance number:

Has CenCal Health sponsored this event or organization in the past?: YES NO

If so, provide the date and the sponsorship amount:

Has CenCal Health sponsored your organization for any other event during this calendar year?: YES NO

If so, provide the event name and the sponsorship amount:

Please describe the number of CenCal Health members and/or low-income individuals that your organization serves and explain how you provide services to them.

Please Submit Your Request As Indicated Below

CenCal Health requests that Sponsorship Request Forms be submitted at least three (3) months prior to an organization's event in order to be reviewed and fully processed. Organizations completing this Request Form will be notified of a sponsorship decision.

In order for your request to be reviewed, the following documents must be attached to the sponsorship form in one submission.

- Letter of request on the organization letterhead
- W-9 Form (It must be from the current calendar year)
- Breakdown of all sponsorship levels, including benefits of each level (If applicable)
- List of all organization board of directors and/or event committee members
- List of all potential co-sponsors of the event (If applicable)

Please email all of the above in a single pdf to: community@cencalhealth.org

CenCal Health must see and approve any use of our logos prior to publication. Logos will be provided if sponsorship request is approved.

For Internal Use Only - Decision

Signatures

Final Decision: Approved Sponsorship Approved Amount: \$ Approved Ticket Purchase Denied

Executive
(Signature)

Title

Date

Director or Designee
(Signature)

Title

Date

Notes/justification of approval or denial of sponsorship (optional for officer to fill-out):