



**Sherman Health
Organization / Funds Request Form**

Sherman Health is committed to helping community organizations whose own work is complementary to Sherman Health's mission to improve the health of the people in the communities we serve by integrating patient care, education and research in a caring environment. We receive many requests throughout the year and are unable to support every request, even if the requesting organization meets all of the criteria. Priority is given to those organizations that provide health care services within our service area that Sherman does not provide. Additionally, please be advised that we do not sponsor individuals participating in events

CONTACT INFORMATION		
Organization Name:	Individual/Contact Name:	
Address:		
City/State/Zip Code:		
Phone Numbers:	(w)	(fax)
Email Address:	Tax ID #:	501(C)(3) <input type="checkbox"/> yes <input type="checkbox"/> no
Fund Request INFORMATION		
Amount Requested from Sherman Health:		
Event or Program Name:		
Describe the event or program for which you intent to use the funds: Nature of Event <i>(Please describe in detail)</i> :		
Date Funds Needed:		
Event Information:	Event Location:	Projected Attendance:
How many years has this event taken place:		What was the attendance last year:
If available, what are the sponsorship levels and associated benefit. <i>(attach list if necessary)</i>		
1)		
2)		
3)		
Are there any other sponsors already committed? If so, who and at what level? <i>(attach list if necessary)</i>		
1)		
2)		
3)		
Is there any exclusivity within sponsorship levels? If so, explain:		

NARRATIVE QUESTIONS

1. Describe how your organization and/or this event addresses a community health care need.

2. What are the marketing and communications opportunities for Sherman Health associated with this event, both in advance and at the event?

3. Is there an opportunity for a representative of Sherman Health to have a speaking role at the event? If so, please describe.

4. Please attach a list of your Board of Directors and your most recent Annual Report, if applicable.