

Central Vermont Medical Center

UVM Health Network – CVMC Sponsorship Request Form

Our Sponsorship Policy

We are committed to helping community organizations whose own work is complementary to UVM Health Network – CVMC’s mission to work collaboratively to meet the needs and improve the health of the residents of central Vermont. We receive many sponsorship requests every year; please be advised that we are unable to fulfill every request, even if your organization meets all of our criteria. Please be advised that we do NOT sponsor individuals participating in events.

We receive a large number of sponsorship requests, we will aim to review your application and have a response to you within a month of the application being submitted. We also ask that applications be submitted at least 4 months ahead of the event or activity.

CONTACT INFORMATION		
Organization Name:	Contact Name:	
Address:		
City/State/Zip Code:		
Phone Numbers:	(w)	(cell)
Email Address:	Website URL:	
EVENT INFORMATION		
Event Name:		
Nature of Event <i>(Please describe in detail):</i>		
Event Date:	Last Year’s Attendance:	
Event Location:	Projected Attendance:	
How many years has this event taken place:	Actual Attendance:	
SPONSORSHIP REQUEST		
Amount Requested from UVM Health Network – CVMC:		
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:		

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NARRATIVE QUESTIONS
1. Describe how your organization and/or this event addresses a community health care need. Consider the priorities outlined in our most recent Needs Assessment*: Drug abuse, Mental Health, Tobacco Use, Healthy Diets, Youth Participation in Physical Activities
2. What are the marketing and communications opportunities for UVM Health Network – CVMC associated with this event, both in advance and at the event?
3. Is there an opportunity for a representative of the UVM Health Network – CVMC to have a speaking role or promotional material 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.
5. How are you measuring success for this event/sponsorship?

Please email this form to:

Hjonis.hanson@cvmc.org

* 2016 Community Needs Assessment Report is located at:

<https://www.cvmc.org/sites/default/files/documents/Community-Needs-Assessment-2016.pdf>