



Our Mission

Making Communities Healthier®

Our Vision

We want to create places where:

- People choose to come for healthcare,
- Physicians want to practice, and
- Employees want to work.

2018 Sponsorship & Donation Guidelines

Sovah Health - Danville Danville proudly supports a broad spectrum of health and community related causes which support programs and initiatives aimed at improving the overall health and well-being of our community.

Key Objectives

Our charitable donation and sponsorship activities are focused on two key objectives:

- Health
- Education of Health/Wellness Initiatives

Based on our key objectives, we have developed criteria for donations and activity/event sponsorship. Our criteria stems from a desire to fulfill our mission of Making Communities Healthier®; and in helping the citizens of our community access appropriate care, stay healthy and build healthy communities.

Donation Criteria

We will consider requests for donations from non-profit organizations that meet one or more of the following criteria:

- Activity has a direct or implicit connection with the listed key objectives

- Activity provides opportunities for the promotion or presentation of Danville's strategic initiatives

Activity/Event Sponsorship Criteria

We are also committed to partnering with non-profit organizations on activities or events focused on improving the health and wellness of those living in our community through increased awareness and education. Our partnerships foster good will in the community and promote our brand. A suitable sponsorship is one that is mutually beneficial for Danville and the community we serve.

You may qualify for a sponsorship if your organization's program meets the following criteria:

- Sponsorship has a direct or implicit connection with the listed key objectives
- Activity provides opportunities for the promotion or presentation of Danville's strategic initiatives

Policy and Procedures Concerning Donations and Sponsorships

The objective of these guidelines on donation and sponsorship request is to ensure the equitable distribution of approved funds with a view to investing in our community. Danville reviews sponsorship and donation requests based on the nature of the activity and on the organization's philosophy, allocation criteria and available budget.

Screening Criteria

In order to evaluate the many requests that we receive that may fall within our guidelines, we have established criteria that will provide us with the pertinent information we need. Please complete the attached application (in its entirety) and submit to:

Sovah Health - Danville
Attn: Elizabeth Harris, Sponsorship/Donation Request
142 Main South Street | Danville, VA 24541
Or email: Elizabeth.Harris2@LPNT.net

Note:

- Organizations seeking sponsorship or donation must make formal request by submitting a completed application. Only completed applications will be reviewed. Incomplete applications will be returned and may delay funding consideration.
- Organizations seeking funding for the 2018 calendar year must submit a completed application no later than January 31, 2018.
- An organization whose request for sponsorship or donation is approved will be notified no later than February 28, 2018.
- An organization may receive only one donation or sponsorship per calendar year.
- An organization whose request for sponsorship or donation is approved will be required to submit a "Post-Event Outcomes" form, within 15 days of the event.



Sponsorship Application

Incomplete applications will not be considered.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Tax Status _____ Tax ID #: _____

Type of sponsorship requested: Monetary In-

Kind Amount you are requesting \$ _____

Internal Use Only
<i>Initial and Date</i>
Received: _____
Recommendation: _____
Approval: _____
Organization Notified: _____
Logo Sent: _____
Attendees: _____

Have you received a monetary donation from this hospital in the past? Yes No

If so, how much and when? _____

OTHER DONATIONS

List your major contributors to this event/cause:

Are any other fundraisers planned (or have taken place this fiscal year)? Please list:

PURPOSE

What percentage of the money you raise goes toward administrative costs? _____%

Please classify your program below (select one)

- Health & wellness
- Children, youth & education
- Culture & humanities
- Civic Enhancement
- Other (specify) _____



Sponsorship Application

How many people will benefit **directly** from your efforts? _____

If this request is for a specific event, list the date(s) of the event _____

Are any Hospital employees actively involved in your organization? Yes No

If yes, please list their names and functions within your organizations

What is the primary focus of your organization?

If other local organizations provide the similar services, indicate how your program is unique.

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)

How will this project address local community needs?

How will you measure the success of your project?

I certify that the information above is correct and that the sponsorship, if approved, would be used solely as described above.

Signature: _____ Date: _____