



Community Donation and Sponsorship Request Guidelines



The purpose of this document is to outline the funding priorities as set by the Health Solutions (HS) and Spanish Peaks Foundation for Health (SPFH) **Board of Directors** and to effectively communicate those priorities to the communities we serve (Pueblo, Huerfano and Las Animas counties). The content of this document is reviewed annually to ensure that Health Solutions invests dollars to meet the needs of our communities. The Community Donation and Sponsorship Request Form must be signed, dated, and returned.

Basic Guidelines:

- The HS/SPFH Board of Directors will only consider granting donations and sponsorships to entities which support causes within our catchment area of Pueblo, Huerfano, and Las Animas counties. Organizations located outside of our catchment area may apply, but must identify how they serve the communities in our region.
- Requests on the behalf of individual persons will not be considered for funding.
- Requests from fundraising entities that collect funds to be redistributed to other organizations will not be considered if any percentage of funding is taken to support the requesting-entity's overhead or general operating costs. 100% of funds must go directly to the program or project requesting funds.
- Donations will not be made to for-profit entities, religious groups, political factions, or private membership entities.
- The Donation Request Forms must be returned to the HS/SPFH at least two weeks prior to the event/requested funding date, with outcome notification to follow shortly thereafter.

Donation/Sponsorship Request Form Guide:

- Complete the form in its entirety. Please do not write "see attached" to answer a question.
- Indicate all HS/SPFH counties served by your organization.
- A maximum of two additional pages can be attached as supplemental information to your request form, however, this is not mandatory. A solicitation letter, program flyer, sponsorship level form etc. are some examples of welcomed attachments.
- When describing the demographic, who will be served by your request, be as specific as possible, including number-served, target ages, etc. The more specific, the better.

The Donation/Sponsorship Request Form can be returned via the method of your choice. All inquiries can be made in the same fashion, though email is preferred for correspondence ease and accuracy.

Email/Phone Contacts
Sandy Gutierrez, CXO
(719) 545-2746
sandyg@health.solutions

Mail or Walk-in:
Health Solutions
Attn: Sandy Gutierrez, CXO
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Pueblo, CO 81005

Website:
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Health Solutions & Spanish Peaks Foundation for Health
Statement affirming Understanding and Agreement to Follow Donation Guidelines

On behalf of _____ (Organization Name)

I, _____, (Contact/Print Name) have read and understand the Health

Solutions & Spanish Peaks Foundation for Health Community Donation Request Guidelines. I am submitting the request form this _____ (Day) of _____ (Month), _____ (Year).

_____ (Contact Signature)

Please keep a copy of these guidelines for your records and return the original completed and signed with your Donation Request Form



Community Donation and Sponsorship Request Form



Please read and sign the "Request Guidelines Form" before completing the donation request form. Requesting companies/parties must return a signed copy of the Guidelines Form. Not following instructions may result in disqualification.

Today's Date _____

Organization's Name _____

Donation Deadline _____ and/or Event Date _____

Organization's Address

Website Address _____

Contact Person _____

Phone _____

Contact E-Mail _____

Preferred Method of Contact E-mail Phone

Documents Required:

-
- New Vendor Form if applicable
-
-
-
-
-
-
- Other: _____
- TIN/EIN# _____
(If Applicable)

Describe Your Organization

If soliciting funding for a specific project or event, briefly describe how you plan to raise funds for this project/event, expected attendance number, location, and description of the program/event.

Requested Amount \$ _____

Describe how this cause will help the community, which communities, and who will benefit (e.g., children, animals, community awareness of disease, families living in poverty, those with a certain condition or illness, etc.).

How will Health Solutions be recognized, promoted, or benefit from this event/contribution?

Additional information you would like for us to know about your project or event.