

HEART OF FLORIDA REGIONAL MEDICAL CENTER  
**SPONSORSHIP/CHARITABLE GIVING APPLICATION**

Request Date: \_\_\_\_\_

**1. Legal Name of Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Name of President of Board: \_\_\_\_\_

**2. IRS 501(c) (3) Nonprofit? Please Mark: Yes \_\_\_\_\_ No \_\_\_\_\_ Federal ID Number:** \_\_\_\_\_

If Yes, please attach copy of designation letter from the IRS.

If No, please identify your fiscal agent and attach the written agreement from the fiscal agent.

**3. State Your Organization's Mission (2 Sentences):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Type of Contribution Requested (Operating, Program):** \_\_\_\_\_

**5. Program Name:** \_\_\_\_\_

**6. Amount Requested: \$** \_\_\_\_\_ **Project Budget: \$** \_\_\_\_\_

**7. If not a financial request, is this a request for goods? If yes, please describe desired item (raffle item, participant giveaway items, etc.) and total number requested:** \_\_\_\_\_

**8. Time Period Contribution will Cover:** \_\_\_\_\_

**9. Indicate the Main Priority Issue Area(s) Addressed:** \_\_\_\_\_

\_\_\_\_\_

**10. Summarize the proposal and the strategic link with our hospital:** \_\_\_\_\_

\_\_\_\_\_

**11. List target population, constituents and geographic communities:** \_\_\_\_\_

\_\_\_\_\_

**12. List previous support from the hospital in the last five years, purpose, amount and date:** \_\_\_\_\_

\_\_\_\_\_

**13. List other area healthcare organizations supporting this initiative along with the respective levels of support:**

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**Signature of Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Heart of Florida Regional Medical Center is committed to the promoting the health and well-being of our community. We are thankful for the partnerships we have had the privilege to form throughout the years with many outstanding community organizations.

We'll reply to your request as soon as possible. Due to the overwhelming number of sponsorship requests from various organizations throughout the year, we must limit contributions to qualifying philanthropic organizations most closely aligned with our broad-based community health initiatives and target key audiences and geographic areas.

Whenever possible, our goal is to provide support in ways other than just making a direct financial impact. Examples of successful partnerships include health and first aid booths at events, hospital staff participation at qualifying events and organizations, provision of sign/banner, certain goods/supplies that aid in carrying out the effort, or health-related hand-out materials. If your request is one that allows us to provide support in one of these ways, we welcome the opportunity to assist you in carrying out your mission whenever possible.

Thank you for the positive impact you are having in our community and your interest in Heart of Florida Regional Medical Center.