

Community Support & Sponsorships Request Form



PIH Health
12401 Washington Blvd.
Whittier, CA 90602
CommunitySupport@PIHHealth.org

PIH Health provides financial support to tax-exempt, nonprofit organizations in our service area cities through the Community Support and Sponsorships Program. This process ensures good stewardship of PIH Health's charitable resources by providing financial support to programs and services that are responsive to the health and wellness needs of the communities we serve. Requests submitted less than sixty (60) days in advance of desired date of funding risk being excluded from consideration.

Organization Information

Organization Name

Organization Address (street, city, state, zip code)

Organization Website

Name of Organization's Executive Director

Mission of Organization

Description of Organization

Requestor Contact (First/Last Name)

Requestor Title

Phone Number

Email

Geographic Area Served by Organization

If funding is approved, check should be made payable to:

If funding is approved, indicate address where check should be mailed:

Same as above

Percentage of funds that will be directed toward:

Administrative Expenses

%

Operating Expenses

%

Fundraising Expenses

%

Please attach the below required documents when submitting your request:

1. Complete list of organization's officers and / or board members
2. Organization's most recent annual report (if available)
3. Proof of tax exempt status under section 501(c)(3) of the IRS or W9 form

Type of Request Please select either Community Support of a Program/Service or Event Sponsorship

COMMUNITY SUPPORT REQUEST OF A PROGRAM/SERVICE

AMOUNT REQUESTED \$

Organizations may request funding to support programs/services designed to address specific community health issues/concerns. These areas were identified as a result of PIH Health's 2019 Community Health Needs Assessment. Indicate the primary community health need addressed by the program/service (check only ONE box):

Preventative Practices Emphasis on flu and pneumonia vaccines and cancer screenings

Chronic Diseases/Disorders, specifically:

Cancer (Emphasis on colon and breast cancer)

Diabetes

Heart Disease/Stroke

Overweight and Obesity

Substance Use and Misuse

Access to Care, specifically:

Dental Care

Mental Health

Food Insecurity

Housing / Homelessness

Program / Service Name

Describe the program / service

What gaps in services - if any - are being addressed by this program/service?

How will funds be used to support this program/service?

Target Population of Program/Service

Geographic Area Served by Program/Service

Describe how the success of the program or service is evaluated.

EVENT SPONSORSHIP REQUEST

AMOUNT REQUESTED \$

PIH Health's Marketing Communications Department may at times sponsor certain events or programs in PIH Health service area cities, with emphasis on those that are aligned with PIH Health's mission.

Event Name

Date of Event (mm/dd/yyyy)

Time of Event

Anticipated Number of People

Location (street, city, state)

Purpose of the funds raised?

Target Population Funds Will Benefit

Geographic Area Funds Will Benefit

Sponsorship details/levels attached to this request

Ad spec information attached to this request

Tax-deductible value of donation/sponsorship: \$

Promotional items requested:

Quantity:

Other (describe your request):

Requests (along with required documents) can be submitted via email to **CommunitySupport@PIHHealth.org** or mailed to PIH Health Marketing Communications Department, 12401 Washington Blvd., Whittier, CA 90602.