



SPONSORSHIP REQUEST FORM

Mission: Jackson Care Connect empowers people and systems to improve the health of our community.

Vision: Health, well-being, and equity for all people of Jackson County.

SPONSORSHIP PROCESS: Jackson Care Connect (JCC) welcomes sponsorship requests to support community efforts that align with our Mission, Vision, Values, and Community Health Improvement Plan (CHIP) to serve Medicaid eligible (low-income) populations. Preference is given to sponsorships for direct service projects and programs. These requests will be considered up to **\$3000**. Consideration will be given to sponsorship of one fundraising event per organization annually; however, limit such requests to **\$2,000**. Please let us know how we can partner with your organization for the project or program as appropriate.

Sponsorship requests are reviewed quarterly. Please note the following deadlines, and submit your request by the relevant deadline, allowing at least 60 days in advance of your event or project: February 1, May 1, August 1, November 1. **Completed forms should be returned to Nancy McKinnis at mckinnisn@careoregon.org along with your organization's W9.**

Organization Name (Check payable, matching W9):	DMAP ID # (if applicable):
Event and/or Program Name:	
Organization Mailing Address:	
Contact Person Name, Email and Phone:	
Event/ Program Purpose:	
Event Date:	Requested Amount:
Is tabling an option at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated number of people served? If known, number of JCC members served?

SPONSORSHIP LEVELS: The following levels are general guidelines to provide recognition to JCC for the support given:

- \$1 - \$999 Jackson Care Connect is recognized by name or logo.
- \$1,000 - \$1,999 Jackson Care Connect logo is on all print materials and in a legible size.
- \$2,000 - \$3,000 Jackson Care Connect is recognized as the primary sponsor with prominent logo placement, mention in media, and social media.

PLEASE DESCRIBE WHICH AREA OF FOCUS YOUR PROJECT ALIGNS WITH (Check all that Apply):

- Families and Youth
- Advancing Health Equity
- Housing/ Homeless Services
- Behavioral Health

What specifically will these sponsorship funds be used for? What is the total cost of this program or event?

Outcomes – Please share anticipated measurable outcomes that will impact health:

Health Equity: How do you deliver your services in an inclusive way? How do you engage with diverse populations?

Please explain how JCC will be recognized for this support:

For Internal Use

Total Amount Approved \$ _____

Funding Source:

Gainshare

Project Code:

600009 Sponsorship
