



# SPONSORSHIP APPLICATION

Complete all information and submit at least four weeks prior to event.

*Incomplete applications will not be considered.*

## **Purpose and Philosophy**

Southern Illinois Healthcare and the SIH Medical Group exist to meet the needs of Southern Illinois through community leadership and compassionate care. SIH as an organization oversees sponsorship requested for all of our facilities and associated physician practices. Funds will generally be made to not-for-profit organizations that have the greatest opportunity for positively affecting the well-being of the communities we serve.

As a community-owned and not-for-profit entity dedicated to serving the needs of our region, SIH gives careful consideration to requests for financial and in-kind support as they relate to our mission, vision and values.

## **Funding Criteria**

As sponsorship funds are limited, SIH unfortunately cannot approve all requests. Funding will be considered for events and sponsorships that meet the following criteria:

- Geographic Reach/Size of Audience: Benefit the geographic area served by SIH (7 co. area) including: Franklin, Jackson, Johnson, Perry, Saline, Union, and Williamson counties. The event/activity should reach a desirable target audience in our service area such as consumers, physicians, potential donors and community and government leaders. The larger the target audience reached, the better value provided.
- Are consistent with SIH's mission, vision and values
- Demonstrate collaboration and coordination – not duplication – with SIH services/departments
- Meet the promotional needs of our organization (SIH must receive recognition of sponsorship through the approved use of our logo in advertisements and other materials, such as t-shirts, banners, etc.)
- Are contributing to improved health, wellness, and positive lifestyles.

Applicants must meet the following minimum requirements:

- Have current 501 © or equivalent not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department, public educational institute, amateur sports, or economic development agencies.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services
- Demonstrate effective program performance and financial responsibility and accountability.
- Dollars to be used in southern Illinois for benefit of Southern Illinoisans in Southern Illinois.
- Support our leadership team's community involvement when they represent Southern Illinois Healthcare on community boards and coalitions that contribute to or benefit our organization.
- Provide Southern Illinois Healthcare with an opportunity to communicate the message of our mission, vision, values and strategic priorities.
- Exclusivity: If Southern Illinois Healthcare is asked to be a major sponsor, the number of major sponsors must be limited. Ideally, Southern Illinois Healthcare would be the only health care or hospital sponsor.
- Public Relations/Political Sensitivities: Participation in the event will leave a positive impression within the community.

It is our policy NOT to approve funding for the following:

- Political activities, campaigns or fundraisers
- Scholarships except for medical careers (at VP discretion)
- Requests from or for individuals
- Requests and/or events that do not improve the well-being of the greater community we serve (i.e., individual team sponsorships, private events, etc.)
- Southern Illinois Healthcare/SIH Medical Group will only entertain one request per agency per calendar year

- As a public healthcare system, SIH provides services to all patients, regardless of their ability to pay.
  - Some individuals may seek to defray the out-of-pocket costs of a patient's health care by conducting fundraising events or other activities. Due to varying availability of existing policies to waive the cost of care for those deemed eligible, SIH does not participate in promoting, funding or coordinating such activities.
  - SIH is not able to provide patients or other individuals with funds for their private use – regardless of the intent or need. Similarly, SIH cannot pay a patient's private physician for the services provided to a patient. Patients with a need should contact SIH's Patient Financial Services Department for assistance with accessing appropriate financial aid programs.
- Administrative or operational support
- Annual fund support
- Capital campaigns
- Solicitations on health system properties

#### ***Funding Timeline***

- Requests must be made at least four weeks in advance.
- Proposals for events/projects are accepted on a year-round basis - as funds are limited, requests received earlier in the year are more apt to receive consideration.
- The applications are reviewed and evaluated based upon the criteria outlined above.

#### ***How to Apply for Funds***

- Review the application guidelines
- Download the application form at [www.sih.net](http://www.sih.net)
- Complete the application and submit it, along with all supporting documentation

#### **Submit completed application to:**

SIH – Community Affairs Dept.  
1239 East Main St.  
Carbondale, IL 62901

*\*Incomplete applications will not be considered. \**

Name of Organization: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event/Project Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

\*Please attach W9.

**SPONSORSHIP DETAIL**

Amount Requested (dollar amount) \$ \_\_\_\_\_

Have you received a donation from Southern Illinois Healthcare in the past?                      Yes                      No

If so, how much and when? \_\_\_\_\_

Project/Event Description (include date, time, location, admission cost, number of people served)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER DONATIONS**

List your major contributors to event/cause: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**PURPOSE**

Please classify your program below (select one)

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

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

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

\_\_\_\_\_

\_\_\_\_\_

What is the primary focus of your organization?

\_\_\_\_\_

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

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How will this project address local community needs?

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How will SIH be recognized for this sponsorship?

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Is SIH logo or ad needed for event? If so, please provide e-mail address. \_\_\_\_\_

Are you looking for volunteers for your event? YES or NO If Yes, please provide contact information (Name, phone #, e-mail, etc.)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Approved / Denied (circle one)

Signature: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

Is SIH Logo or Ad needed: Yes / No (circle one)

Booth / Table / Event Participants / Other (circle one) Other specify: \_\_\_\_\_

Check Request Completed (Date) \_\_\_\_\_