



PHF Office Use Only
Sponsorship No. _____

REQUEST FOR SPONSORSHIP APPLICATION (*\$500 maximum*)

ORGANIZATION INFORMATION

PHF is unable to provide funding for individual or family fundraisers.

Organization Name: _____

Organization Website: _____

Organization Type: Non-Profit School Government Other: _____

Address: _____

Street City State Zip

Contact: _____

Name E-mail Telephone

EVENT INFORMATION

Date(s): _____ Event Name: _____

County Served: Baraga Houghton Keweenaw Ontonagon

Funding Category:

Access to Care Community Health Health Education

Health Research Healthcare Leaders Other: _____

Number of Persons Served: _____ Is this an existing event? Yes No

EVENT PURPOSE

Objective/Purpose of Event: _____

Describe how the event connects to PHF's mission: _____

REQUEST INFORMATION

Date Donation Needed: _____ Amount Requested: \$ _____

Will PHF receive anything in exchange for this sponsorship? Yes No

If yes, explain: _____

Will PHF's logo be used on any event material? Yes No

Format: .ai .esp .gif .jpg .pdf .tiff Other: _____

Logo Sent To: _____ Logo Deadline: _____

HOW DID YOU HEAR ABOUT PHF?

Website Radio TV Newspaper Mail E-mail Word of Mouth Social Media

Would you like to receive PHF e-mails? No Yes, e-mail: _____

APPLICATION SUBMISSION

All requests must be submitted on the Request for Sponsorship Application form at least one month in advance of when funds are needed. PHF will not consider incomplete applications. Return completed applications to:

Portage Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

P: 906.523.5920
F: 906.523.5925
E: info@phfgive.org (as a .PDF)

Submission of an application is not an implied guarantee of funding.

PHF RECOGNITION & FOLLOW-UP REPORTING

All awardees are required to recognize PHF as a funding provider on all printed materials and publicity for the event. Within thirty (30) calendar days of the event's end date, PHF requires a brief summary of the event for reporting purposes, which includes: (1) number of participants; (2) reactions by participants; and (3) outcomes/results of the event.

DO NOT COMPLETE - PHF USE ONLY

Approved: No Yes
Approved by: _____

Check Date Issued: _____
Check #: _____