



Bozeman Deaconess HOSPITAL

Community Event/Project Sponsorship Request Guidelines

Bozeman Deaconess Hospital supports community projects and events that relate to the mission, vision, values, and community benefit objectives of the hospital.

Special Instructions

As a charitable organization, Bozeman Deaconess gives careful consideration to requests for financial and in-kind support as they relate to the mission of Bozeman Deaconess. Bozeman Deaconess requires all such requests to be in writing. Budget permitting, requests will be considered which provide a direct health-related benefit to the residents of Southwest Montana. Types of requests to be considered are below:

- External requests for sponsorships
- Internal requests
- Requests for support of nonprofits or fundraising events
- Requests for support of fundraising activities which benefit Bozeman Deaconess

Procedure for External Requests

Requests for funding that fit within the mission, vision, values, strategic plans, and community benefit objectives of Bozeman Deaconess Health Services and that improve community health and quality of life will be given the highest priority for consideration and potential support.

Considerations include:

- Whether the activity or need to be served is in the geographic area served by the Hospital.
- Previous history of event sponsorships. In the absence of the pledge of a grant to be paid over a number of years, organizations must submit requests each time they wish to be considered. The company will not grant annual, automatic contributions to any organization.
- The perceived effectiveness of the organization, the need for the activity or facility relative to other organizations in the community or region.
- The level of support being received by the organization from the area in which it operates and from other sources. Generally, we do not wish to provide the sole funding for an event.
- The funds available to us.
- Any other factor relevant to the application at hand.

External agencies and organizations requesting use of property must show proof of liability insurance.

As a health care organization, grants will generally be made to health care non-profit organizations that have the greatest opportunity for positively affecting the health of the community we serve.

Those programs that enhance the visibility and awareness of Bozeman Deaconess Health Services regional commitment will also receive primary attention.

All requests with appropriate supporting information for financial and in-kind contributions from the organization should be submitted to Bozeman Deaconess' Marketing Communications department at least three months before the contribution is required. Requesting organizations will be required to fill out a *Community Event/Project Sponsorship Request Form* (attached) to facilitate the process.

Requests must meet the promotional needs of Bozeman Deaconess in order to be considered. Bozeman Deaconess must receive recognition of sponsorship through the approved use of Bozeman Deaconess logo in advertisements and other materials, such as t-shirts, banners, etc.



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Procedure for Internal Requests

Internal funding requests will be evaluated using the same process as external funding requests.

- All requestors are required to fill out a *Community Event/Project Sponsorship Request Form* to facilitate the process.
- Internal requestors must report their community benefit dollars and hours after the event.

Requests for Support of Individuals or Related Fundraising Events

As a non-profit hospital, Bozeman Deaconess maintains an open door policy providing basic hospital services to all patients regardless of an 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 the volume of such requests, varying types, and inability to manage all such requests, Bozeman Deaconess does not participate in promoting, funding, or coordinating such activities.

Bozeman Deaconess is not able to provide patients or other individuals with funds for their private use – regardless of the intent or need. Similarly, Bozeman Deaconess cannot pay a patient's private physician for the services provided to a patient. Patients with a need should contact Bozeman Deaconess Social Services department for assistance with accessing appropriate financial aid programs.

Requests for Support of Fundraising Activities which Benefit Bozeman Deaconess

Numerous individuals, clubs, organizations, etc. who wish to raise funds for Bozeman Deaconess must have approval from Bozeman Deaconess Foundation prior to launching the activity. Bozeman Deaconess Foundation may be able to provide advice, in-kind promotional materials, and assistance.

Organizations raising funds using Bozeman Deaconess' name must request approval from Bozeman Deaconess Foundation a minimum of two (2) months prior to initiating such activities. Six (6) months notice is strongly suggested.

Bozeman Deaconess' name may not be used by organizations that have not been approved in advance.

Please return this application to:

Bozeman Deaconess Marketing Communications Dept.
Attn: Community Benefit Committee
915 Highland Boulevard
Bozeman, MT 59715



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Community Event/Project Sponsorship Request Form

Date of Application: _____ Donation Requested: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name/title of contact person: _____

Event/Project Name: _____

Event/Project Dates: _____

Event/Project Duration: _____

How will this event improve the healthcare status of our region? _____

How will you measure your results? _____

Summarize sponsorship details here (promotional considerations, advertising, other materials): _____

List other organizations in your area with similar purposes or programs: _____

Amount secured from other sources: _____

Total project/program budget: _____

Specify how the funds will be spent: _____

State the annual budget of your organization: _____

Describe past support received from Bozeman Deaconess Hospital: _____

In addition to your application, you must provide the following supporting documentation:

- External agencies and organizations requesting use of property **must** show proof of liability insurance.

If this request is approved, I understand that I may be asked to provide Bozeman Deaconess Hospital with a follow-up report detailing how many people were impacted and how our contribution was used.

Signed: _____ Date _____