

## Sponsorship Request Guidelines and Application

---

At Providence we support charitable organizations and activities consistent with our Mission: *As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.* This Mission calls us to improve the health and quality of life of the communities we serve.

As a Catholic not-for-profit health care ministry, we at Providence Health & Services are accountable to the communities we serve. We have a responsibility to provide for the needs of the most vulnerable.

To make the funding request process better for you, please apply using this form. When you complete it, please send it to our address listed below. This form is used for requests of Providence Hood River Memorial Hospital (PHRMH), Providence Hood River Memorial Foundation, and Providence Medical Group-Hood River.

### Criteria

---

Our Mission guides our funding guidelines and decisions; these guidelines focus on those most in need. This is because doing so helps make sure that the health of our whole community is improved.

Providence does not wish to be the only funder of an event, project or program. A grant or sponsorship should be added to other funds in support of an event or program.

We will give funding priority to a project that meets these guidelines:

- Serves the Columbia Gorge Service Area
- Relates to our Mission and core values
- Relates to our most-current [Community Assets and Needs Assessment](#)
- Uses data to show the need for project support
- Works to improve the health of our community
- Partners with other community providers or organizations who share our values
- Applicant is a local non-profit group

### How to apply

---

Please complete the form attached and return to:

Providence Hood River Memorial Hospital  
Attn: Marketing and Communications  
810 12<sup>th</sup> St.  
Hood River, OR 97031

Please allow at least 30 days to process your request. We will let you know of our decision with a written letter.

## Support Request Form

---

Name of organization Year founded  
Address City State ZIP  
Sponsorship contact Title  
Email address Phone number  
Nature of services provided by organization

Geographic areas served

## Program/event Information

---

Name of event/project  
Date of event/project Location  
Target audience

### Type of request

Ad In-kind donation Labor/volunteers

Grant or event sponsorship (see request for additional information on page 3)

Other (please describe):

Requested amount (dollars/hours):

Date needed:

Brief description of request:

Please describe other sources of support that you have already received or are pursuing.  
If your request is for an ad, in-kind donation or volunteers, this is the last section you need to complete.

## Grant or Event Sponsorship Request Letter

---

For grant, or cash requests, please attach a letter that describes:

1. How does your event, funds raised by your event, or project relate to the Providence Mission and core values, as stated below?

*As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.*

*Core values: Respect, Compassion, Justice, Excellence, Stewardship*

2. How will you use the funds?
3. How will you know whether your event or project accomplished its goal?
4. Who will provide an update to Providence as to project results?
5. Please describe any collaboration with other organizations, if applicable.
6. You can provide any other information you would like to share about your event or project.

**Please send the completed form and letter to:**

Providence Hood River Memorial Hospital  
Attn: Marketing and Communications  
810 12<sup>th</sup> St.  
Hood River, OR 97031

## Office Use Only

---

Date received:

Amount approved:

Approved by:

Date:

Check request completed by: