



SPONSORSHIP REQUEST FORM

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 \$5000. Consideration will be given to sponsorship of one fundraising event per organization annually; however, will limit such requests to \$2,000. Please let us know how we can partner with your organization for the project or program as appropriate.

For consideration, your sponsorship request must be submitted at least sixty (60) days prior to your event or when the funds are needed. Sponsorship requests are reviewed once a month. **Completed forms should be returned to Nancy McKinnis at mckinnis@careoregon.org along with your organizations 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? Yes No	How many JCC members will be served by the program?

PLEASE SELECT AREAS OF ALIGNMENT (Check all that Apply):

- 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.
- Healthy Beginnings
 Healthy Living
 Health Equity

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

- | | |
|-------------------|--|
| \$1 - \$500 | Jackson Care Connect is recognized by name or logo. |
| \$500 - \$2,000 | Jackson Care Connect logo is on all print materials and in a legible size. |
| \$2,000 - \$5,000 | Jackson Care Connect is recognized as the primary sponsor with prominent logo placement, mention in media, and social media. |

Please explain how JCC will be recognized for this support:

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:

For Internal Use

Total Amount Approved \$ _____

Funding Source: Project Code:

Quality Pool 600022 Clinical Sponsorship

Gainshare 600009 Other Sponsorship
