

MEMORIAL REGIONAL HEALTH SERVICES, INC. REQUEST FOR SUPPORT/SPONSORSHIP GUIDELINES

CRITERIA AND GUIDELINES FOR SUBMITTING A REQUEST

Memorial Regional Health Services is dedicated to providing exceptional healthcare and compassionate service to the residents of Southwest Illinois.

As a not-for-profit hospital committed to serving the needs of this region, Memorial receives numerous requests from various non-profit community groups, organizations, schools and churches requesting support sponsorships for such things as dinners, runs/walks, golf tournaments, health fairs, program book advertisements, etc.

While all are very worthy of support, Memorial is just not able to support every request. Before submitting a request, please review the established guidelines.

- Sponsorships must align with our mission and vision as well as strategic initiatives
- Sponsorships must benefit the communities served by Memorial's primary service area
- If Memorial has sponsored your event in the past, it is not a guarantee we will continue or continue at the same level as in previous years.

GUIDELINES

Consideration for support/sponsorship is dependent on the following:

- Financial support only will be given to 501 (c) non-profit organizations in good standing with a positive community image
- All requests for support must be submitted using the form below; you may either submit online or print, complete and mail to Memorial Regional Health Services, Communications and Marketing Department, 4500 Memorial Drive, Belleville, Illinois 62226
- Financial support cannot be given to an employee or individual participant in a fundraising event or activity
- **REQUIRED DOCUMENTATION:** As a 501(c)(3), we are required to receive acknowledgement of our contribution pursuant to Section 170(f)(8) of the Internal Revenue Code. For tax purposes, contributions exceeding the fair market value or the goods or services are tax deductible. Documentation of this acknowledgement must be provided in a letter when the financial contribution is received.
- A W9 also is required to process payment should your request be approved.

Will the support/sponsorship request:

- Address one of the following community health needs:
 - Heart and vascular disease – Heart Health and Stroke
 - Nutrition Education
 - Behavioral/Mental Health – Substance Abuse
- Support our surrounding hospital neighborhoods as well as the communities we serve
- Serve diverse and underserved populations
- Support our leadership team's community involvement when they represent Memorial Regional Health Services on community boards contributing to the betterment of our communities

- Provide Memorial Regional Health Services with an opportunity to communicate our mission, values and strategic initiatives.

If the minimum requirement is met, consideration of the request will be made based on the following:

- **Geographic reach/size of audience/target audience:** The event/activity reaches a desirable target audience including consumers, physicians, potential donors, government and community leaders in our service area.
- **Exclusivity:** The number of major sponsors must be limited if Memorial is asked to participate as a major sponsor. Ideally, Memorial Regional Health Services would be the only hospital sponsor.
- **Public Relations/Political Sensitivities:** Participation/support of this event will be received as positive and leave a good impression within the community.
- **On-site Involvement and/or Advertising Opportunities:**
 - Opportunity for Memorial Regional Health Services leadership to be present and interact with community leaders, donors and potential donors.
 - Opportunity to provide an informational table or other activity
 - Opportunity to advertise Memorial Regional Health Services in all event promotion and advertising
- **Value/ROI:** The event/activity provides good promotional value/return on the investment

REVIEW/APPROVAL PROCESS

- Requests should be submitted at least four months in advance.
- Even if the request meets our criteria, please understand that we are not able to fulfill every sponsorship request received.
- Please allow 10 to 14 business days to contact you regarding your request.

Questions about our support/sponsorship guidelines and process may be directed to mrhssponsorships@bjc.org.

REQUEST FORM

We receive numerous requests for support/sponsorships each year. Please understand that we are not able to fulfill every request submitted, even if it meets all of the criteria.

*= required field

CONTACT INFORMATION
*First Name
*Last Name
*Email
Work Phone
Mobile Phone

ORGANIZATION INFORMATION
*Organization Name
*Address 1
Address 2
*City
*State
*Zip Code
*Tax ID Number

*Is your organization a 501 (c)(3) not-for-profit organization? Yes No

EVENT INFORMATION
Event Name
Event Date
Event Location
Describe the nature of the event; include goals:
How many years has this event been held?
What was the attendance last year?
What is the expected attendance this year?
Who is the target audience?
How will the event be advertised?
How will proceeds/sponsorship dollars be used?

Please describe how your event/organization addresses community health needs:

SPONSORSHIP DETAIL		
Please indicate sponsorship levels available and what is included as part of this sponsorship:		
List other committed sponsors and their associated support/sponsorship level:		
Is there an opportunity to submit an advertisement for the event program book? If "yes," what is the deadline to submit an advertisement? What are the size specifications?	Yes	No
Is there an opportunity to provide an educational table and/or speaker at this event? If "yes," please describe:	Yes	No
Has BJC HealthCare of any of its affiliates agreed to sponsor this event? If so, please indicate affiliate and sponsorship level.	Yes	No
Please provide any additional information you feel is necessary for us to make a decision.		

_____ I have read and understand Memorial Regional Health Services Sponsorship Guidelines, Policy and Approval Process.

_____ I understand proper documentation of this sponsorship must be provided as receipt of financial contribution or future requests for financial support will be denied.

MATRIX FOR DETERMINING SPONSORSHIP

Use this tool to help determine if the sponsorship request meets criteria for funding. Rank 1 to 5 with 5 being defined as absolutely meets the criteria and 1 = does not meet criteria.

CRITERIA	Does not meet (1)	Pushing it (2)	Neutral (3)	Somewhat Meets (4)	Absolutely Meets (5)	N/A
Is consistent with Memorial's mission and values						
Provides community benefit/support						
Is located within Memorial's service area						
Serves a diverse and/or underserved population						
Provides value-added opportunities for Memorial						
Compliments Memorial's key service line(s)						
Meets Memorial's promotional needs						
Organization has a close relationship with and supports Memorial						
Promotes economic development in the region						
Requesting person/organization has a strong affiliation with Memorial						
Provides a direct health-related benefit and/or addresses one of the community health needs identified above						
TOTALS:						

Comments: