



# Sponsorship Application

*Incomplete applications or applications received less than 2 months prior to the event may not be funded.*

## CONTACT INFORMATION

Name	Title
Phone	Email

## HOST ORGANIZATION INFORMATION

Organization Name	
Street Address	Mailing Address

Does your organization serve the counties in Health Share service area– Clackamas, Multnomah and Washington?

How does your organization serve or work with community members on the Oregon Health Plan?

Has your organization requested sponsorship from Health Share in the past?

If so, when? How much was awarded?

How has your organization worked with Health Share in the past?

## EVENT INFORMATION

Event Title	Event Date(s)
Street Address	Event Time
Expected Attendance Number	
Amount you're requesting for this event.	

Briefly describe this event.

Is this event in collaboration with or sponsored by other organizations?

If so, which ones?

Describe how sponsorship of this event supports Health Share's Mission to partner with communities to achieve on-going transformation, health equity, and the best possible health for each individual.

How does your event engage communities impacted by health inequities?

Does this event engage Oregon Health Plan or Medicaid members and/or low-income community members?

## ACCESSIBILITY

Will information about the event, including at the event, be offered in languages other than English?  
Please specify.

How does this event engage individuals with disabilities? What accommodations will be made to increase access to individuals with disabilities?

## PROMOTION

Event and organization social media information (i.e. Facebook/Twitter handles, hashtags, etc.)

Due date and requirements for ad copy, logo and supplemental material to be provided by Health Share

Please list any brand awareness and recognition opportunities Health Share will receive for sponsoring this event. (Examples may include: logo on printed materials, website or social media recognition.)

*Please attach supplemental information, such as flyers, agendas, website link, and other relevant information.*

To submit, please email [sponsorships@healthshareoregon.org](mailto:sponsorships@healthshareoregon.org).