

Your Information

- Your First and Last Name
- Your Title
- Your Phone Number
- Your Email

Host Organization Information

- Organization Name
- Organization Website
- Organization Street Address
- Organization Mailing Address
- Does your organization serve the counties in Health Share's service area (Clackamas, Multnomah, and Washington counties)?
- How does your organization serve or work with community members on the Oregon Health Plan?
- Is your organization helping populations deeply affected by COVID-19? If so, how?
- Has your organization requested sponsorship from Health Share in the past?
- When did your organization work with Health Share?
- How much was awarded?
- How has your organization worked with Health Share in the past?

Event Information

- Event Title
- Are you planning your event to be virtual or in-person?
- Event Date(s)
- Event Time
- Expected attendance number
- Briefly describe this event.
- The amount you're requesting for this event. If your event has sponsorship packages, please also specify the name of the sponsorship package you're asking for.
- 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? If so, please specify.
- How does this event engage individuals with disabilities? What accommodations will be made to increase access to individuals with disabilities?

Promotion

- Please share your event website link.
- 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 upload supplemental information (i.e. sponsorship packets, flyers, brochures, agendas, etc.).
- Please upload your organization's W-2 form.