



## Request for Community Funding

Please note applications must be submitted to Corporate Communications by **March 15, 2021 for FY22 (Events/projects occurring between July 2021- Jun. 2022)**. Request for individual benefit (ie. pageants, trips, scholarships, etc.), athletic teams, service clubs, lobbying activities or projects outside our service area of will generally not be accepted for consideration. This request does not guarantee funding. You will be notified by phone or e-mail of our decision regarding support of your project by August 13, 2021.

Name of Organization \_\_\_\_\_

Tax ID/501(c)3# \_\_\_\_\_

Contact Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone (Daytime) Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Type of Request (select one)

\_\_\_\_\_ Sponsorship - \$ \_\_\_\_\_

\_\_\_\_\_ Genesis Suite Package Donation

\_\_\_\_\_ Event Table Sponsorship - \$ \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ In-kind (Supplies, bags, etc.) \_\_\_\_\_

Name of Event \_\_\_\_\_

Date and time \_\_\_\_\_

Location \_\_\_\_\_

### Please attach a one-page description of your project, along with answers to the following questions:

1. Why do you believe this sponsorship is a good fit for Genesis Health System and how does it align with our mission? [http://www.genesishealth.com/about/mission\\_vision/](http://www.genesishealth.com/about/mission_vision/)
2. Who is the audience of the event/project and how many are served?
3. If this is an event, please provide attendance numbers for the past 3 years and your goal for current year.
4. What are the sponsorship benefits? Please break out the details and provide the value to what is being given to Genesis in return for the sponsorship.
  - A. If there is advertising, please provide details of reach, frequency and audience.
  - B. If there is logo placement please provide the ROI for logo placement (Where it will be placed and for how long, audience demographics, number of people who will potentially see the logo in any placement).
5. Please provide the details of where our sponsorship contributions would be allocated. (e.g. materials, supplies, building, services, administration, research, etc.)
6. What is the total cost of your event/project?
7. What is the total amount of funding you are trying to raise?
8. Per your 990, please provide documentation showing what portion of this request will stay in the QC area.
9. Do any Genesis employees sit on your board or committees? If so, please provide names.

**Please return this completed form to:** Genesis Corporate Communications, 1227 E. Rusholme St., Davenport, Iowa 52803  
563.421.9279 (fax); or email: LorenzS@genesishealth.com

*Genesis Health System will not generally consider requests for charitable contributions for or from: Annual fund support; Individual athletes; Capital campaigns; Individuals; Fund-raising events if more than 20 percent of funds raised are directed toward administrative, operating or fund-raising expenses; Labor or fraternal groups; Political campaigns, candidates, parties or partisan activities; Programs outside of Iowa or Illinois; Sectarian, denominational or religious organizations for support of theological functions; Scholarships, fellowships or internships; or Solicitations on health system properties. Decisions regarding funding are made without discrimination on the basis of race, gender, age, religion, disability, sexual orientation or national origin.*