



Sponsorship/Support Request Form

Augusta University and AU Health System welcome your requests, but ask the following:

- Please be aware funds will not be awarded before December 15th of each year.
- Completion of this form does not guarantee acceptance by Augusta University/AU Health Sponsorship and Donation Executive Decision Panel.
- We are unable to accommodate requests from individuals, for-profits, and to organizations out of our service areas.

Thank you for your interest in inviting of Augusta University and AU Health to help support your community initiative or program. Each request for funding support shall be submitted to the Sponsorship and Support Executive Decision Panel. The review of all applications will begin after October 1st receipt deadline.

If your request does not meet our requirements or if we need more information, you will be advised upon the receipt of your request. Otherwise, your request will be submitted to the Sponsorship and Support Executive Decision Panel for consideration at its next meeting. If you have questions about completing the Augusta University and AU Health – Sponsorship / Support Request Form, please contact us at 706.721.2301.

Organization Name *

Contact Person *

Contact Person's Phone Number *

Organization's Street Address *

Organization's City *

Organization's State *

Organization's Zip Code *

Organization's Board Chair Name

Email Address *

Is this a 501(c)(3) non-profit agency? (Provide evidence of current Section 501)*

Yes No

Organization's Tax ID Number

Organization Background Information (Brief summary and list website)

Organization's Mission/Purpose

Identify the primary service/strategy of the organization and population served. (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Community Wellness & Prevention | <input type="checkbox"/> Arts/Culture |
| <input type="checkbox"/> Health-related Education/Research | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Education/Scholarships |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Environment/Infrastructure |

Type of Event/Program:

- | | |
|---|--|
| <input type="checkbox"/> Event Sponsorship | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> Health Fair/Screenings | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Project or Program | <input type="checkbox"/> Advertising |

Audience Demographics: (check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> General Public | <input type="checkbox"/> Children |
| <input type="checkbox"/> Men | <input type="checkbox"/> Minorities |
| <input type="checkbox"/> Women | <input type="checkbox"/> Underserved |
| <input type="checkbox"/> Seniors | |

Event Name (if applicable) *

Purpose of Event (if applicable) *

Event Location (if applicable) *

How will sponsorship/support be utilized?(if applicable) *

Event Date & Time (if applicable) *

Number of people attending/benefiting *

Sponsorship/support dollar amount requested?

Additional Information (ie... pertinent financial information, description of and recognition given to AU, etc....)

Has Augusta University /AU Health supported to your group before? If so, when and for what purpose?

