



# Clark Fork Valley Hospital & Family Medicine Network

## SPONSORSHIP APPLICATION FORM

After you have read through our Sponsorship Criteria and feel your organization applies, please complete the following Sponsorship Application form and return it to:

**Clark Fork Valley Hospital Sponsorship Committee**  
**PO Box 768, Plains, MT 59859**

Organization applying for sponsorship: \_\_\_\_\_

Is your organization a not for profit?       Yes       No

Postal Address: \_\_\_\_\_  
Address

\_\_\_\_\_

City

State

Zip code

Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please select **one** of the following categories that your organization/event falls under:

- Privately funded sports organization
- School-affiliated/related activity
- Health related
- Civic Activity
- Local benefit organization

What type of sponsorship are you seeking?

- Monetary Donation
- Other Assistance – Please Explain Below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will the sponsorship be used for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is it needed by? \_\_\_\_\_ (Date)

**Important:** Applicants should submit an application 6 months prior to when the sponsorship is needed. Proposals submitted with insufficient lead time to review and process may regrettably will be declined.

Positive Outcomes for your organization from this sponsorship include:

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Positive Outcomes for the community from this sponsorship include:

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Positive Outcomes for Clark Fork Valley Hospital & Family Medicine Network from this sponsorship include:

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How many people will this sponsorship directly benefit?

- 1
- 2-5
- 6-10
- 11 or more

**Important:** One of the six general criteria your sponsorship proposal will be evaluated for is large benefit reach – where the sponsorship has the potential to impact a large number of people rather than an individual or small group.

Please list any known CFVH employees involved with your organization:

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**Declarations:** In making this application for sponsorship to Clark Fork Valley Hospital and Family Medicine Network I agree, as or on behalf of the applicant, that if the application is successful the funds requested would be used only for the purpose described and if the funds are not so used they will be returned immediately to Clark Fork Valley Hospital.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Full Name: (Please Print) \_\_\_\_\_

**Once your sponsorship proposal is received, you will be contacted within two weeks as to whether it will be reviewed further or if additional information will be necessary for processing.**