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Sponsorship Request Form

NOTE: Incomplete applications or applications received less than three (3) months prior to the event may not be funded.

Contact person's information

Name and title: _____ Date: _____

Organization: _____

Street address: _____

City, State, ZIP code: _____

Phone number: _____

Email address: _____

Are you a 501(c)(3)? Yes No Organization tax ID number: _____

Organization mission:

Amount or in-kind support requested:

Event information

1. Date, time and location of activity: _____

2. Name of activity:

3. Type of activity (e.g., educational forum, conference, fundraiser, etc.):

4. If an event, how many people are expected to attend? _____

5. Estimated total cost? \$ _____ What is the cost to attendees? \$ _____

6. How many people does your organization serve annually? _____

7. What is the primary geographic region served? _____

8. Describe how your activity encourages/builds relationships between community-based organizations, state programs and legislative leaders to promote health equity and eliminate disparities:

9. Have you received a sponsorship from Office of Equity and Inclusion in the past 12 months?

Yes No If yes, date: _____ Amount: \$ _____

Purpose:

10. Please describe any benefits of sponsorship (e.g.; recognition in program, acknowledgment in mailings, flyers, sponsor banner, etc.):

	Percentage of people served by your organization, annually:	Percentage served in Portland Metro area:	Percentage served outside of Portland Metro area:
African American:	0.00%	0.00%	0.00%
African:	0.00%	0.00%	0.00%
Asian/Pacific Islander:	0.00%	0.00%	0.00%
Latino/Hispanic:	0.00%	0.00%	0.00%
Native American/Alaskan Native:	0.00%	0.00%	0.00%
White (non Hispanic):	0.00%	0.00%	0.00%
Slavic:	0.00%	0.00%	0.00%
Multiracial:	0.00%	0.00%	0.00%
Other (please specify):	0.00%	0.00%	0.00%
Total number served:	0.00%	0.00%	0.00%

	Number of program staff:	Number of management:	Number of board of directors:
African American:			
African:			
Asian/Pacific Islander:			
Latino/Hispanic:			
Native American/Alaskan Native:			
White (non Hispanic):			
Slavic:			
Multiracial:			
Other (please specify):			
Total number of staff:	0	0	0

Please submit this application as an attachment to Shelley.Das@state.or.us

Submit form

OR mail to: Oregon Health Authority – Office of Equity and Inclusion
Attn: Shelley Das, Grants Program Coordinator
421 SW Oak Street, Suite 750
Portland, OR 97204



Office of Equity and Inclusion only				
Sponsorship Request Tracking Sheet				
Organization: _____	Date	received:	Awarded?	Yes No
If “no,” reason:	<input type="checkbox"/>	<input type="checkbox"/>		
Amount awarded (if different than request): \$ _____				
<input type="checkbox"/>	Requester contacted (date): _____		Invoice	
<input type="checkbox"/>	received on (date): _____		Award	
<input type="checkbox"/>	entered into tracking sheet (date): _____			
<input type="checkbox"/>	Invoice submitted to executive assistant for processing (date): _____			