



Office of Equity and Inclusion (OEI) Sponsorship Request Form

NOTE: Incomplete applications or applications received less than 8 weeks (56 calendar days) prior to the event will not be considered for sponsorship.

Prior to starting this application, please read carefully the sponsorship application **requirements** on our OEI website.

Download and submit the completed application as an attachment to OEI.Sponsorships@state.or.us.

Today's Date: _____

Financial Information

Amount or in-kind support requested from OEI sponsorship: \$ _____

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

Have you received a sponsorship from OEI in the past? Yes No

If yes, date of past event: _____ Amount \$ _____ Name of past event: _____

Contact Person

Applicant Name: _____

Job Title: _____

Phone number: _____ Email Address: _____

Organization Information

Name of Organization: _____

Street Address: _____

City: _____ Zip code: _____ Website: _____

Organization mission: _____

Table 1: Organizational Demographics

Race/Ethnicity	# of program staff	# of management	Board of Directors
African American/African/ Black			
Asian/ Pacific Islander			
American Indian/ Alaskan Native			
Latino/ Hispanic			
White			
Other (please specify)			
Total:			

(continued: Organizational Information)

1. What is the primary geographic region *served by* your organization?
2. If statewide, please specify the geographic focus of your activities in the past 12 months?
3. Describe your community engagement efforts around equity and inclusion in the past 12 months?
4. Describe your equity and inclusion accomplishments in the past 12 months?
5. **Direct service organizations:** Please use the table below to describe the demographics of people **served** by your organization annually.

Non-direct service organizations (i.e. policy, education, or programmatic): Please use the table below to describe the demographics of people **impacted** by your organization annually.

Table 2: Demographics of people served or impacted by your organization

Race/ethnicity	% of people served or impacted by your organization (in the past 12 months)
African American/ African/ Black	
Asian/ Pacific Islander	
American Indian/ Native American	
Latino/ Hispanic	
White	
Other (please specify)	
Total:	

6. Does your organization serve or impact people from the LGBTQ community? If so, how?
7. Does your organization serve or impact people with disabilities? If so, how?

Event Information

1. Name of event: _____

2. Date: _____ Time: _____

3. Event location and address: _____

4. Type of event: (check all that apply)

Educational Forum

Conference

Fundraiser

Workshop

Community Gathering

Other: _____

5. Specify target audience/population groups for event: (check all that apply)

Race/ Ethnicity:

Immigrants and refugees

African/African American/Black

American Indian/ Alaskan Native

Asian/Pacific Islander

Latino/Hispanic

Other:

Other priority populations:

People with disabilities

LGBTQ community

6. How many people are expected to attend? _____

7. Estimated total cost \$ _____ Cost for attendees \$ _____

8. Is there a scholarship available? Yes No Other: _____

9. List other organizations approached for sponsorship/ funding for this event:

10. Describe how your **event/activity** supports community engagement and networking opportunities for OHA, informs OHA policy and program development, and overall builds relationships between community based organizations, state programs, and legislative leaders to promote equity and eliminate disparities:

11. Describe sponsorship benefits (check all that apply):

Complimentary tickets/registrations, if so, how many? _____

Recognition in program

Acknowledgement in mailings, flyers, and sponsorship banner

Acknowledgement on website, Facebook, and other social media

Other sponsorship benefits: _____

Include supplemental materials: If available, attach **any** additional materials related to your event organization (i.e. flyers, agenda, brochures, etc.)