

GROUP HEALTH FOUNDATION

Event Sponsorship Request

To apply for an event sponsorship from Group Health Foundation, please provide the information below and all requested attachments. You may provide this information either by filling in this form or by sending a brief request letter that includes all of this information. We are committed to learning about the people, places, and leaders of Washington State; and we appreciate you helping us to do that by sharing information about your work and the event. Thanks!

Organizational Information

Please provide information about the organization that is requesting support.

Legal Name of Organization (submitting this request):

Name of Fiscally-Sponsored Project (if applicable):

Employer Identification Number (EIN):

Organization Type (check one):

501(c)(3)
501(c)(4)
Other

Organization / Sponsored Project Primary Website:

Contact Information

We ask for the name and contact information of the person who should receive formal communication and who is authorized to sign documents (like sponsorship agreements!) on behalf of your organization. If you are NOT that person for your organization (e.g., in the case of fiscally-sponsored projects), please also fill in the second section ("Proposal Contact").

Authorized Signer (e.g., Executive Director or President):

Name
Title
Mailing Address
City/State/ZIP
Direct Phone Number
Email

Proposal Contact (if different than above):

Name
Title
Mailing Address
City/State/ZIP
Direct Phone Number
Email

Organization Name:

Sponsorship Request

Funding Requested: \$

Total Event Budget: \$

Event Type (check all that apply):

Culturally-specific and/or community event

Meeting

Conference

Fundraiser

Other

Event Details:

Date

Location

Time

Website (if any)

Organizational Background

Group Health Foundation asks all organizations seeking funding to tell us about where you work, what your organization does, and how you approach your goals. The Foundation is especially interested in how your work improves the well-being of people of color, indigenous communities and tribes, people with disabilities and/or chronic illness, LGBTQ+ people, immigrants, people and families experiencing poverty, and more. Note: In the event of fiscal sponsorship, the sponsored project (NOT the fiscal sponsor) should provide this information.

What is the geography of your work? Please briefly define the area you serve. *(500 character limit)*

What are the long-term goals of your group or organization? Please describe your hopes and aspirations for the people, place(s), and communities in which you work. *(500 character limit)*

Organization Name:

Please provide an overview of your organization’s work and how it connects to your long-term goals. How do these efforts advance the hopes and aspirations you have for your community? *(1500 character limit)*

Sponsorship Narrative

Briefly describe the event for which you are requesting a contribution, including information about how the event advances the mission and work described above. We are especially interested in how your event will incorporate and reflect a commitment to lifting the voices of individuals, families, and communities most affected by health disparities. *(1000 character limit)*

How will support from Group Health Foundation be used? If there is a named sponsorship level for which you are requesting support, please name and outline that. *(500 character limit)*

Describe the practices you have put in place to ensure your event is welcoming, accessible, and available to people with different financial means, abilities, and participation needs. (1000 character limit)

Optional

If you are requesting other support, in addition to sponsorship, from the Foundation (e.g., participation at an event or speaking at a convening), please describe. If not, leave this section blank (we promise our feelings aren't hurt!). (500 character limit)

Financial Information

The Foundation requests basic financial information that will help us better understand organizations and places throughout Washington over time. The simplest information is often the most helpful. Fiscally-sponsored projects: Provide the following financial information (total projected income, total projected expenses) for your work only, not the sponsoring organization.

Fiscal year (Please use MM/DD format – e.g., “01/01-12/31”):

Income (Total projected revenue for this fiscal year): \$

Expenses (Total expected expenditures for this fiscal year): \$

Assets (Total expected assets at the end of the fiscal year): \$

Attachments

As a grantmaking organization, we request the following information along with your request. You can use this list, below, to check off the items one by one. Fiscally-sponsored projects and event hosts using a fiscal agent: Please note that Group Health Foundation requires the information above for the sponsoring organization / fiscal agent in addition to this information for the project or group being sponsored.

All organizations seeking support must provide the following:

- Group Health Foundation Event Sponsorship Request form
- Group Health Foundation Community Learning Survey
- List of current board members, including affiliations
- List of senior staff leadership

Submission

Please attach your request along with all of the information above to a single email, addressed to sponsorships@grouphealthfoundation.org. Incomplete applications may delay consideration by Group Health Foundation, so please be attentive to providing everything requested above. Thank you!

GROUP HEALTH FOUNDATION

2019 Community Learning Survey

In our 2019-2020 grantmaking, Group Health Foundation seeks to learn as much as possible about the people, leaders, organizations, and communities of Washington State. To support this work we are asking for information from all grantees to help us assess progress toward our stated goals of supporting organizations who are committed to—and who practice—community-centered leadership. We place a high value on honest self-reflection, and invite you to share with us who you work with and how you center different identities that are relevant to health and well-being. Thank you in advance!

Organizational Identity

Which of the following best describes your organization? You may select more than one option.

Please select from the below:

- | | |
|--|-------------------------------|
| Cross-racial / Multi-cultural (defined here) | Multi-org. collaboration |
| Culturally-specific (defined here) | Parents-of / Friends-of |
| Disability-led (defined here) | Queer / LGBTQ+ |
| Disability-serving | Youth-led |
| Elders and aging | |
| Historically-white | Other (please describe below) |
| Immigrant and refugee | |
| Indigenous / Tribal | Decline to state |

Anything to add that would be helpful for us to understand? (250 character limit)

Populations and People Centered

Please take a moment to tell us more about the people with whom you work. The Foundation is particularly interested in identities and experiences that factor into the long-term well-being and health of individuals, families, and communities. *(250 character limit for each response)*

Please describe the race and ethnicity of the people with whom you work.

Does not apply

Decline to state

If your work focuses on indigenous people, tell us about the people with whom you work.

Does not apply

Decline to state

If your work focuses on people with disabilities, tell us about the people with whom you work.

Does not apply

Decline to state

If your work focuses on gender, gender-identity, or sexual orientation, tell us about the people with whom you work.

Does not apply

Decline to state

If your work focuses on a particular generation or age demographic (e.g., elders and seniors, youth and young people), tell us about the people with whom you work.

Does not apply

Decline to state

If your work focuses on people, families, and communities experiencing poverty, tell us about the people with whom you work.

Does not apply

Decline to state

If your work focuses on immigrants or refugees, tell us about the people with whom you work.

Does not apply

Decline to state

If you work with people directly impacted by courts, incarceration, sentencing, or reentry, tell us about the people with whom you work.

Does not apply

Decline to state

If you are a faith-based organization, tell us about the people with whom you work.

Does not apply

Decline to state

(continued on the next page)

Leadership Identity

Please share with us some information about how your organization's leadership identifies.

We have listed some demographic identities that are common to Washington State for your use in telling us about how your staff and board leadership identify. We invite you to tell us about other ways in which members of your teams self-identify in the narrative section. Start with providing the total number of senior staff on the top of the left column; and the total number of board members in the right column; then fill in how many staff and board identify with each demographic identity. *Fiscally-sponsored projects: Please fill this out for your project, not on behalf of the sponsoring organization.*

Total number of senior staff

How many identify as...

American Indian / Alaska Native
Asian / Asian American
Black / African American
Latinx / Hispanic
Pacific Islander / Native Hawaiian
White

African
Indigenous Central / South American
Middle Eastern
Russian / Slavic

Immigrant

Veteran status

Court-affected

Non-disabled
People with disabilities

Men
Non-binary, genderqueer
Transgender
Women

Lesbian, gay, bisexual, queer
Straight

Total number on board of directors / advisory board

How many identify as...

American Indian / Alaska Native
Asian / Asian American
Black / African American
Latinx / Hispanic
Pacific Islander / Native Hawaiian
White

African
Indigenous Central / South American
Middle Eastern
Russian / Slavic

Immigrant

Veteran status

Court-affected

Non-disabled
People with disabilities

Men
Non-binary, genderqueer
Transgender
Women

Lesbian, gay, bisexual, queer
Straight

Optional

Are there other forms of identity that are important to your leadership and to reflecting the communities you serve? If so, please describe. If not, please leave this area blank. *(250 character limit)*