

Community Engagement Sponsorship Request Form

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PLEASE READ: The goal of Passport Health Plan by Molina Healthcare's Community Engagement team is to serve our members and communities.

Please allow at least three (3) months for your request to complete the review process.

Organization Information

Name of Requesting Organization:			
Is the Organization's tax status set up as a For-Profit or Non-Profit:		Tax ID Number:	
Contact Name and Title:			
Contact Email Address:			
Contact Telephone Number:			
Complete Mailing Address (City, State and Zip Code):			
Mission/Purpose of the Organization:			
Organization's current % of administrative costs:			
How are Passport members impacted by the requesting organization:			
Exact number of Passport members affected by the requesting organization:			
List names of Passport staff and board members active with your organization:			
Does your organization measure outcomes?			
If so, please summarize your methodology and provide or attach the most recent outcomes report(s):			

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Event Information

Name of Event, Program or Funding Need:			
Date of Event and/or Timeframe of Program		Location:	
Purpose:			
Target Audience:			
Projected Attendance:			
Geographic Reach (areas participants will come from such as statewide, county, etc.):			
Please list or attach the various levels of sponsorship/donation levels and the benefits of each (signage, advertisements, mention, tickets to attend, etc.). Do any of the sponsorship levels include the opportunity to have a vendor booth at an event? If so, which ones?			
Do you expect to make a profit from this event or program?			
If so, how will that profit be used?			
List the names of other sponsors for this event or program:			