

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 maintain strong ties to our members and the community at large. If you have an event that you think would help us achieve this goal, please fill out the form below to have your event considered for sponsorship.

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:			
Date of Event:		Location of Event:	
Purpose of the Event:			
Target Audience for the event:			
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 the event? If so, which ones?			
Do you expect to make a profit from this event?			
If so, how will that profit be used?			
List the names of other sponsors for this event:			