



Application Sponsorship2014

Thank you for your interest in the EMHS Community Benefit program. Requests using this electronic application **are preferred. If electronic submission is not possible, please submit a typed copy of this application.** Incomplete applications will not be considered. Attachments to this application are not necessary, but may be requested later. Please refer to the attached glossary as a tool when completing your application. Requests for the next funding cycle are being accepted from October 10, 2013 through December 3, 2013. Please complete this form and submit to: Jerry Whalen, Vice President, 43 Whiting Hill Rd., Brewer, ME 04412.

Section 1 – Requesting organization information

Organization Name:
Organization type: <input type="checkbox"/> 501 c(3) <input type="checkbox"/> 506 c(6) <input type="checkbox"/> OTHER-please note:
Street Address:
City, State, Zip:
Telephone:
Fax:
Website:
CEO/Executive Director:
Contact person completing this application:
Contact person title:
Contact person phone:
Contact person email:
Funding amount requested:

Section 2 – Project Specifics

Has your organization received funding from EMHS in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, amount and when:	
If yes, describe the last funded project and its outcome. (50 words maximum)	
What is your organization's current annual budget?	

1. Briefly describe your current project/program/activity or reason for your request. (100 words maximum)

2. What is the population you plan to target? Please be specific. Examples would be "*people with diabetes*", or "*women without insurance*".

3. How many people do you plan to reach?

4. What town(s) does your project/organization target?

5. Which EMHS objective(s) does your project address? *Check all that are applicable.*

- Improving the quality of care
- Improving access to primary care
- Health education and promotion
- Disease prevention - focused on a chronic condition, nutrition, or obesity
- Quality of life improvement effort–community building (See glossary for definition)
 - Quality of life improvement effort – healthy community initiative
 - Quality of life improvement effort – economic
 - Quality of life improvement effort – educational
 - Quality of life improvement effort – cultural

6. What is your project's or organization's specific plan to help solve or address the EMHS objective(s) you checked above? Please note the expected outcome/results. (150 words maximum)

7. EMHS has a volunteer program for our employees. If EMHS sponsors your project, are there opportunities for our employees to participate? If so, how? (150 words maximum)

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8. EMHS occasionally allows speakers from nonprofits aligned with us to provide small group presentations on your mission and projects. If EMHS sponsors your project, would you want this opportunity? What would be your subject? (50 words maximum)

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9. How will EMHS' support be recognized? Please be specific. (50 words maximum)

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All approved applications are required to submit an invoice for the whole amount of the grant before the next funding cycle begins.

Section 3 – *Signature(s)

Contact/Requestor's Email Signature:

Date	
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**** Above signature indicates all information submitted is accurate and valid.***

Internal Use Only

Date application was received: _____

Thank you for your interest in EMHS' Community Benefit Program.