

## Your Cause Sponsorship Application Form

### *Sponsorship Policy*

*Team Upstate is committed to helping community organizations whose work and mission is complementary to that of Upstate Medical University, to improve the health of the communities we serve through education, biomedical research and healthcare. Please be advised that several sponsorship requests are received every year and only one sponsorship will be awarded per year at this time. If your agency is selected for the Your Cause sponsorship you will be responsible for coordinating opportunities for Team Upstate to be involved.*

**Application Deadline: November 30, 2017**

APPLICANT			
Are you currently a SUNY Upstate Medical University employee/student? Yes / No			
The organization MUST be a 501C3 – Please provide the TAX ID#			
Name:			
Department:		Position/title:	
Class year:		Years of service:	
Name of the organization you wish to get support for:			
Length of involvement with this organization:			
Are you a current board/committee member for this organization? Yes / No			
Do you hold any positions within the organization? Yes / No Explain:			
Are you able to attend/update the Team Upstate Committee at their quarterly meetings if your organization is selected? Yes <input type="checkbox"/> I understand that Team Upstate sponsorship requires my attendance at quarterly meetings and continual communication throughout the calendar year of sponsorship should my organization be selected.			
<input type="checkbox"/> I have received approval from my supervisor that if my nominated agency is chosen I can attend and participate in Team Upstate/Your Cause and it will not negatively impact my job duties or performance. Supervisor Name: Phone: E-mail:			
ORGANIZATION INFORMATION			
Organization Name:		Individual/ Contact Name:	
Address:			
City/State/Zip Code:			
Phone Number:		Fax	Email
Website:			
Does this organization have a presence in the central New York area? Yes / No			
SPECIAL EVENT INFORMATION (If applicable)			
Event Name:			
Type of Event (Please describe in detail):			
Event Date:		Event Location:	Projected Attendance:
Response Deadline:		Start-up? Yes / No	
How many years has this event taken place:			What was the attendance last year:
LEVEL OF SPONSORSHIP REQUEST-FULL or LIMITED (circle one)			
Amount Requested from Upstate Medical University (maximum amount of \$5,000):			
If available what are the sponsorship levels and associated benefit? (attach list if necessary)			
Are there any other sponsors already committed? If so, who and at what level? (attach list if necessary )			
Is there any exclusivity within sponsorship levels? If so, explain:			

**NARRATIVE QUESTIONS**

**1) Describe how your organization and/or this event addresses a community health care need.**

**2) Are marketing and communications opportunities for Upstate Medical University associated with this event?** *For example, are there opportunities to volunteer at the organization or its special events? Does your organization have any communications outlets to feature Team Upstate sponsorship?* If yes, please explain:

**3.) How does this organization follow the Upstate Mission Statement?**

**4.) Will any monetary donation be used for startup? Yes / No – If so explain.**

**5.) Please describe why your organization should be selected for Team Upstate's Your Cause sponsorship?**

**7.) What would Team Upstate Your Cause sponsorship dollars specifically fund?**

**6.) Please provide any additional information or comments.**

**All Applications MUST be submitted to the President's office Room 1158 Weiskotten Hall by **NOVEMBER 30<sup>th</sup>**. No Exceptions.**