

New this year, there will be two sections in the application to complete. The first section is for the nominator to complete. The second is for the agency to complete.

Note: The Your Cause sponsorship is intended for smaller/grass-roots organizations. The Your Cause sponsorship is not intended for well-established/national organizations. However, if a local agency has a national program associated with it, they are welcome to still apply.

The Your Cause application is open to any agency that serves the 17 counties that Upstate Medical serves. However, if they agency is located outside of Onondaga County this may limit the amount of volunteering Upstate employees can participate in due to proximity.

SECTION 1: TO BE COMPLETED BY THE NOMINATOR:

Are you currently a SUNY Upstate Medical University employee/student? Yes / No

NOMINATOR'S NAME CLASS YEAR YEARS OF SERVICE

DEPARTMENT POSITION/TITLE

- I can attend/update Team Upstate quarterly meetings if this organization is selected.
- I understand that Team Upstate sponsorship requires my attendance at quarterly meetings and communication throughout the calendar year of sponsorship should my organization be selected.
- My supervisor has approved that, if this 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'S NAME PHONE EMAIL

ORGANIZATION being nominated:

ORGANIZATION'S NAME INDIVIDUAL/CONTACT NAME

ADDRESS CITY/STATE/ZIP

PHONE(S) EMAIL WEBSITE:

TAX ID# OF ORGANIZATION (MUST BE A 501C3)

- 1) Does this organization have a presence in the central New York area? Yes / No
- 2) Your length of involvement with this organization:
- 3) Are you a current board/committee member for this organization? Yes / No
- 4) Do you hold any positions within the organization? Yes / No Explain:
- 5) Describe the organization you are nominating and/or how the organization/event addresses a community health care need.
- 6) How does this organization follow Upstate's mission of serving our community through education, biomedical research and health care?

All Applications **MUST** be submitted to Nancy Prott, Office of the President (prottn@upstate.edu) by **NOVEMBER 30**. No Exceptions. Paper forms are available. Please contact Nancy Prott for a paper option.

Please note: Your Cause only funds established organizations. Your Cause cannot be used for start-up ventures.

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, bio-medical research and health care.

Please be advised that several sponsorship requests are received every year and only one sponsorship will be awarded per year at this time.

Nominator's Responsibilities
If your agency is selected for the Your Cause sponsorship you will be required to attend quarterly Team Upstate meetings and serve as a liaison between your organization and Team Upstate. You will also be required to recruit and organize Upstate volunteers for special events, if needed.

The success of your charity depends on YOU and your involvement. You will need to devote at least 20-30 hours over the year to make it a success.

<http://upstate.edu/teamupstate/your-cause/>

7) Describe why the organization you are nominating should be selected for Team Upstate's Your Cause sponsorship.

8) Additional Information or comments:

SECTION 2: TO BE COMPLETED BY THE AGENCY:

1) What are your revenue stream(s)?

2) What is your primary way of fundraising?

3) Tell us about your annual fundraising events. Please provide an event history – growth of attendees, fundraising targets, etc. (moved from section 1 to section 2 per sub-committee suggestion).

4) What levels of sponsorship are available and how would Upstate Medical be recognized? Please provide a sponsorship packet. If the 2025 packet is not available provide last year's as a reference. (moved from section 1 to section 2 per sub-committee's suggestion).

Your Cause Sponsorship Application **Deadline: November 30**

5) Are there promotional opportunities for Upstate Medical associated with supporting your organization/ event? (Ex. Can Upstate volunteer at the organization or its special events? Does the organization have a website, social media, etc that would include Upstate's sponsorship?) (moved from section 1 to section 2)

6) What is the current operational budget? Please provide the most recent operational budget.

7) What are your area(s) of service?

6) How does this organization follow Upstate's mission of serving our community through education, biomedical research and health care?

7) Describe why the organization you are nominating should be selected for Team Upstate's Your Cause sponsorship.

8) Additional Information or comments: