

SOCIAL INVESTMENT APPLICATION

Tampa General Hospital (TGH) receives several requests for social investment funding each year. All requests are considered on a case-by-case basis. TGH sees value in social investment arrangements that help to create partnerships between TGH and the community.

Our Social Investment Committee meets the to review applications monthly. All applications must be submitted at least 90 days prior to the event date to be considered for review. Please allow a minimum of four weeks for your application to be fully evaluated for approval.

All applications for sponsorship must be accompanied by a sponsorship proposal detailing contribution amounts, sponsorship levels and sponsorship benefits of each level.

Applicant Information

Date:

Please indicate the location you are submitting this request to:

TGH Main: Administration Community Health & Wellness Marketing/PR Other:

TGH North: Brooksville Spring Hill Crystal River

Organization:

Contact name:

Position:

Contact phone number:

Address:

Email address:

Name of your event:

Event date:

Is your organization not-for-profit? • Yes • No

Are you a TGH employee? • Yes • No

Department:

Badge #:

Tampa General Hospital Sponsorship Application Form cont.

Description of event/project/activity

Provide background information, including location and duration of the event/project/activity.

Objective and purpose of event/project/activity

Please indicate how this support will address an identified community need.

Tampa General Hospital Sponsorship Application Form cont.

Support sought from TGH

Amount requested in cash and/or via in-kind contribution.

Sponsorship level

Please list sponsorship level(s) & benefits. Also include number of each level available. **If multiple levels, please include documentation with sponsorship packet.**

***NOTE:** If benefits include a printed ad and/or logo placement, please include due dates, exact dimensions, if it is color or black & white, background color that the logo will appear on and preferred format.*

Intended use of funds

Please describe, in detail, how funds will be used.



Tampa General Hospital Sponsorship Application Form cont.

Audience

Indicate target audience/groups for this event. Please include estimated audience size, population and/or community demographics.

Alignment with TGH's shared purpose statement

Describe how your event/project/activity aligns with TGH's shared purpose statement, "We heal. We teach. We innovate. Care for everyone. Every day."

Background information about your organization



Tampa General Hospital Sponsorship Application Form cont.

Relationship with TGH

Has TGH sponsored your event previously? If so, please indicate date of last sponsorship, level of sponsorship and sponsorship benefits provided.

Other Sponsors

List other healthcare organizations that are sponsors for your event/project/activity.

Additional Information

List any additional information you would like considered.

Please submit the completed sponsorship application and supporting documentation to Tamika Powe at tpowe@tgh.org. By submitting this application, the applicant certifies that information and statements provided are accurate and true. The applicant also agrees to the award condition that any funds awarded are restricted to use as outlined in this application. If applicable, an impact report must accompany this request if funds were awarded in previous years.