## COMMUNITY SPONSORSHIP GUIDELINES AND APPLICATION

Blue Cross is committed to improving the health and well-being of our friends, neighbors, and communities across Vermont. We believe it's important to partner with local organizations who are also dedicated to improving the lives of Vermonters. Our support may include financial contributions, in-kind services, and volunteering.

We look forward to learning more about how we can help your organization advance your mission.

## **GUIDELINES**

Only Vermont-based, 501c(3) non-profit organizations will be considered for corporate contributions, according to the following guidelines:

- The request addresses a community healthcare need.
- The request addresses one or more of the following priorities: physical activity promotion, access to healthy food and nutrition, early childhood development, healthy aging, prevention and treatment of chronic conditions, mental health, oral health, and substance use prevention.
- The request addresses social determinants of health and reduces barriers to care.
- The request is consistent with our mission: We are committed to the health of Vermonters, outstanding member experiences, and responsible cost management for all of the people whose lives we touch.
- Exclusions:
  - · Requests to sponsor individuals
  - · Religious organizations, (although a community program sponsored by a religious organization may be considered)
  - School sports programs
  - Political candidates and political campaigns

## **NEXT STEPS**

All organizations requesting sponsorship must complete the sponsorship application. Contributions will only be made to the qualifying non-profit agency.

We review applications on a quarterly basis – March 1, June 1, September 1, December 1. This application, and any other information about the requesting organization, will be circulated internally at Blue Cross for review.

We ask that community organizations submit requests three months to a year in advance, especially if this is a first-time sponsorship.













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## COMMUNITY SPONSORSHIP APPLICATION

Please review the corporate sponsorship guidelines. If your request meets the eligibility guidelines, complete this application and submit to Kathy McNally at <a href="mailto:mcnallyk@bcbsvt.com">mcnallyk@bcbsvt.com</a>.

CONTACT INFORMATION					
ORGANIZATION NAME:			CONTACT NAME:		
ADDRESS:		CITY:	Y: STATE:		ZIP:
WORK NUMBER:	CELL NUMBER:	WEBSITE U	WEBSITE URL:		
EVENT INFORMATION					
EVENT NAME:					
NATURE OF EVENT (PLEASE DESCRIBE IN DETAIL):					
EVENT DATE:	EVENT LOCATION:				
PROJECTED ATTENDANCE:	LAST YEAR'S ATTENDANCE:	HOW MANY YEARS HAS THIS EVENT TAKEN PLACE?			
SPONSORSHIP INFORMATION					
1. Describe how your organization and/or this event addresses a community health need. Consider the following priorities: promoting healthy behaviors, access to food and nutrition, prevention and treatment of chronic conditions, early childhood development, healthy aging, mental health and substance abuse prevention.					
2. Have we supported you in the past? If so, please explain:					
3. Please include sponsorship levels, amounts requested and any opportunities/benefits available (attach list if necessary).					
4. What are the marketing and communications opportunities for BCBSVT associated with this event, both in advance and at the event?					
5. Are there any other sponsors already committed? If so, who and at what level? (attach list if necessary)					