



Greater Health Now (GHN) Sponsorship Application Form

Please refer to the Sponsorship Request Policy for eligibility requirements and conditions before completing the application. You may complete this form or answer the questions on a separate document. Please email completed applications and attachments to info@greaterhealthnow.org or mail to: Greater Health Now, 8836 W. Gage Blvd, Ste 202A, Kennewick, WA 99336.

Thank you for considering GHN to sponsor your event.

INTRODUCTION

Organization Name (Applicant): _____

Mailing Address: _____

Phone Number: _____

Point of Contact Name: _____

Contact Email: _____

Today's Date: _____

APPLICATION

1. Please briefly describe your organization and its mission.

2. Please describe your organization's relationship with GHN, if any. Please include all current and/or past commitments.

4. Explain your organization's process for establishing and administering safety measures that align with local and state guidelines related to COVID-19.

5. Explain your organization's post-evaluation process for the event (please refer to requirement in Sponsorship Request Policy).

6. Why should GHN sponsor this event? Please list any GHN project areas it is related to (referenced in the Sponsorship Request Policy).

7. What potential branding opportunities would be available for GHN? Please explain the marketing materials that will exist with GHN's logo or name (if applicable).

8. What amount of sponsorship dollars is your organization requesting? Would you be able to accept less than your requested amount?