

Community Event/Project Sponsorship Policy Application Guidelines

Purpose and Philosophy

Kootenai Health exists to meet the healthcare needs of Northern Idaho through service excellence, community leadership and compassionate care.

As a community-owned hospital dedicated to serving the needs of our region, Kootenai Health gives careful consideration to requests for financial and in-kind support as they relate to our mission, vision, values and community benefit objectives.

Funding Criteria

As sponsorship funds are limited, we regret that we cannot approve all requests. Funding will be considered for proposals for health-related events and sponsorships that meet all of the following criteria:

- Benefit the geographic area served by Kootenai Health. Priority shall be given to Kootenai County.
- Kootenai Health as an organization oversees sponsorship requests for Kootenai Clinic, all individual associated physician practices and Kootenai Services.
- Requests and/or events must show that they improve the health of the greater community in which we serve.
- Are consistent with Kootenai Health's mission, vision and values.
- Demonstrate collaboration and coordination – not duplication – with other community organizations or Kootenai Health services and departments.
- Meet the promotional needs of Kootenai Health. Kootenai must receive recognition of sponsorship through the approved use of our logo in advertisements and other materials, such as t-shirts, banners, etc.

Funding Limitations

As a health care organization, funds will generally be made to healthcare non-profit organizations that have the greatest opportunity for positively affecting the health of the community we serve. It is the Community Fund Review Committee's policy not to approve funding for the following:

- Political activities of any kind
- Scholarships
- Religious activities
- Requests from individuals
- Requests and/or events that do not improve the health of the greater community in which we serve (e.g., individual team sponsorships).
- We will only entertain one request per agency per calendar year.
- As a public hospital, Kootenai maintains an open door policy providing basic hospital services to all patients regardless of ability to pay.
 - Some individuals may seek to defray the out-of-pocket costs of a patient's health care by conducting fundraising events or other activities. Due to the volume of such requests, varying types, and inability to manage all such requests, Kootenai does not participate in promoting, funding, or coordinating such activities.
 - Kootenai is not able to provide patients or other individuals with funds for their private use – regardless of the intent or need. Similarly, Kootenai cannot pay a patient's private physician for the services provided to a patient. Patients with a need should contact Kootenai's Social Services department for assistance with accessing appropriate financial aid programs.

Procedure for Requests for Advertising Dollars



Many non-profit organizations in the community produce newsletters, programs, and special publications for which they solicit advertising support. All requests for advertising dollars shall be referred to the Communications & Marketing Director.

Requests for Support of Fundraising Activities Which Benefit Kootenai Health

Numerous individuals, clubs, organizations, etc. who wish to raise funds for Kootenai must have approval from Kootenai's Foundation prior to launching the activity. The Kootenai Health Foundation may be able to provide advice, in-kind promotional materials, and assistance.

- Organizations raising funds using Kootenai's name must request approval from the Kootenai Health Foundation a minimum of two (2) months prior to initiating such activities. Six (6) months to one (1) year is strongly suggested.
- Kootenai's name may not be used by organizations that have not received advance approval.

Funding Eligibility

Applicants must meet the following minimum requirements:

- Have current 501(c)3 not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department or public educational institute.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

Funding Timeline

- Proposals for events/projects are accepted on a year-round basis. As funds are limited, requests received earlier in the year are more apt to receive consideration.
- The Community Fund Review Committee reviews and evaluates the applications based upon the criteria outlined above.
- The Community Fund Review Committee makes the final determination and applicants usually receive written notification of their decision.

How to Apply for Funds

- Review the application guidelines.
- Download the application form at www.kh.org.
- Complete the application and submit it along with any and all supporting documentation.

Mail the completed application to:
Kootenai Health
Event/Project Sponsorship Request
2003 Kootenai Health Way
Coeur d'Alene, ID 83814

Incomplete applications will not be considered.



Community Event/Project Sponsorship Request Form

Kootenai Health exists to meet the healthcare needs of Northern Idaho through service excellence, community leadership and compassionate care.

Today's Date: _____ Purpose/Mission of your organization: _____
Contact Name: _____
Organization: _____
Phone: _____ Tax-exempt status IRS 501(c)3
Address: _____ Gov't agency/school Other (specify)
City/State/Zip: _____ Amount Requested (Be specific, open-ended requests will not be evaluated): _____
Fax: _____
Email: _____ Date Contributed is Needed: _____
Cell: _____

Event/Project Name: _____
Event/Project Date(s): _____
Event/Project Duration: _____

Who will be served by this event/project? (demographics, number of people served):

How will this event/project improve the healthcare status of our region?

How will you measure your results?

If approved, how will Kootenai be recognized for this sponsorship?

Does your organization receive funding from United Way?

YES NO

Has Kootenai Health sponsored this event in the past?

YES NO If yes, at what sponsorship level? _____

Other anticipated funding sources for this event/project:

If this request is approved, I understand that I may be asked to provide Kootenai Health with a follow-up report detailing how many people were impacted and how our contribution was used.

Authorized Signature



KootenaiHealth