

AdventHealth Sponsorship Application

As part of one brand, we ask that all requests for funding and in-kind donations in Flagler, Lake, Orange, Osceola, Polk, Seminole and Volusia counties go through our online sponsorship application process.

If you are interested in submitting a sponsorship request, please note that you are required to go through the following steps:

1. Visit adventhealthcflcares.com
2. Click on *Request a Donation or Sponsorship* button
3. Answer four qualifying questions, which will route you to either a marketing sponsorship application or a community sponsorship application
4. Create an account
5. Start your sponsorship request and submit when you are ready!

By creating an account, you will be able to save your application before making a final submission and track past requests.



If you have any questions about this process, you can always contact our teams!

Community Impact Team: CFD.Community.Impact@AdventHealth.com

Marketing Team: CFD.Sponsorships@AdventHealth.com

Community Sponsorship Application

Non-profit organizations that would like to apply for funding will need to provide the following information:

- Name
- Title
- Organization name
- Address
- Contact information
- Company website
- W-9 form
- Date response is needed by
- Organization mission
- Mission alignment with AdventHealth's goal of providing affordable, connected and exceptional healthcare to Central Floridians
- Counties where your organization provides services
- Details of request
- Amount requested (\$)
- Donation type (monetary or in-kind)
- Donation description
- Who you were referred by (if applicable)
- Event specifics (if applicable)
- Previous financial contributions received from AdventHealth
- Details on any charitable requests that have been made to AdventHealth within the past 6 months (if applicable)
- Information on existing organizational relationships with AdventHealth, such as board representation, ongoing involvement, etc. (if applicable)
- Information on whether whole-person care is incorporated into programming and/or ongoing initiatives
- Number of people assisted by the organization
- Information on whether the organization helps the underserved or uninsured
- Detailed information on which of the community priorities outlined in our [Community Health Needs Assessment \(CHNA\)](#) are addressed by the organization
- Detailed information on donation utilization (how the donation will be measured in terms of lives saved, people helped, etc.)
- Information on financial plan that ensures service/program sustainability

Marketing Sponsorship Application

Organizations that would like to request a sponsorship will need to provide the following information:

- Name
- Title
- Organization
- Address
- Contact information
- Company website
- Counties where your organization provides services
- Details on any charitable requests that have been made to AdventHealth within the past 6 months (if applicable)
- Details on any contributions made to your organization from AdventHealth
- Information on existing organizational relationships with AdventHealth, such as board representation, ongoing involvement, etc. (if applicable)
- Date response is needed by
- Sponsorship type
- Sponsorship description
- Where will this sponsorship be advertised?
 - TV, radio, billboard, social media, website, flyer, etc.
- Event-specifics (if applicable)
- Referred by

