

# Sponsorships

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## Organization Information

**Hello, Grants. Welcome to Kaiser Permanente's Charitable Contributions Management System. We are going to start by gathering some information about the organization you represent.**

**The ID for this Proposal is #3485. Please make a note of it for future reference.**

*Please note: Do not log out or leave the application page (for example, to view the "Help" function at the top of the page) without saving your application.*

*You can save and return to your application any time by using the available buttons at the bottom of each page. DO NOT USE the back button in your web browser as this may result in a loss of your work. Once you save, you can log out or leave the page without losing your work. You will need to log back in to continue working on your application.*

### Organization Information

**\*Organization Legal Name**

Directions: Please provide the legal name of the organization applying for this contribution, as reflected on its IRS Determination Letter, 990 form, or incorporation documents. If you will be using a fiscal sponsor for this request, you will enter that information later in the application.

**\*Federal Tax ID or Employer Identification Number**

Directions: Please enter as 12-3456789

**\*Tax Status**

- 501(c)(3)
- 501(c)(4), 501(c)(6), 501(c)(8), 501(c)(10), or 501(c)(19) if used solely for charitable purposes and serving the general community
- Local, State, or Federal government agencies
- Schools or universities
- Religious or Faith-Based organization if the requesting Program is 1) Open to the general public regardless of affiliations or beliefs of participants; 2) Does not advance religious doctrine or philosophy; and 3) Does not discriminate in its employment or hiring practices.
- Other - If your organization is not one of the above, please provide your organization's tax exempt status code and type of organization:

**\*Upload Your Organization's W9 Form**

More Information: You may download the W9 form from the IRS database [here](#)

· File Size: Up to 10MB

· File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

# SAMPLE APPLICATION ONLY

## Organization Address

\*Organization Primary Address (line 1)

Directions: Enter the physical street address of your organization.

Organization Primary Address (line 2)

Directions: Include suite or office number

\*Organization City

\*Organization State

\*Organization Zip Code

\*Is your Primary Address the same as your Mailing Address?

More Information: Mailing Address is where paper documents will be sent. A street address is preferred for mailing, as some of our regions may not be able to mail to P.O. boxes.

Yes

No

\*Organization Mailing Address (line 1)

Organization Mailing Address (line 2)

Directions: Include suite or office number

Organization Mailing City

Organization Mailing State

Organization Mailing Zip Code

\*Is the person submitting the application also the CEO/Executive Director of the organization?

More Information: This is the person at your organization who has the authority to enter into contractual agreements.

Yes

No

## Organization Executive Director

\*Organization CEO/Executive Director Contact First Name

# SAMPLE APPLICATION ONLY

Organization CEO/Executive Director Contact Prefix

- Ms.
- Mrs.
- Mr.
- Dr.
- Other:

\*Organization CEO/Executive Director Contact Title

\*Organization CEO/Executive Director Contact Phone Number

Directions: Use the Following Format: XXX-XXX-XXXX

\*Organization CEO/Executive Director Contact Email

## Organization's Mission & History

\*What is your organization's mission statement?

Directions: Please limit your response to 200 characters or less.

\*Please provide a brief overview of your organization's history.

Directions: Please limit your response to 500 characters or less.

\*What year was your organization founded?

\*Does your organization have a Board of Directors?

- Yes
- No

\*Upload a listing of your Board of Directors, including their affiliations

· File Size: Up to 10MB

· File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

\*Upload a listing of your Executive Officers or Leadership Team

· File Size: Up to 10MB

# SAMPLE APPLICATION ONLY

File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

Choose file...

\*Briefly describe your organization's current programs and activities.

Directions: Maximum 900 characters

## Conflict of Interest

\*Is your organization engaged in one or more active contractual agreements for supplier/vendor or member services with Kaiser Permanente?

More Information: Previous charitable contributions from Kaiser Permanente are not applicable to this question.

- Yes
- No

\*Provide a description of your organization's contract(s) with Kaiser Permanente, including start and end dates.

\*Do any Kaiser Permanente employees or physicians serve as a Board member or employee of the organization?

- Yes
- No

\*Provide the person(s) name, position with Kaiser Permanente, and the nature of their relationship with your organization.

**!** Clicking "cancel" will cancel the current application and no changes will be saved.

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## Fiscal Sponsor

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### Fiscal Sponsor

\*Does your application include a fiscal sponsor?

- Yes
- No

\*Fiscal Sponsor Legal Name

\*Fiscal Sponsor Federal Tax ID or Employer Identification Number

Directions: Please enter as 12-3456789

\*Fiscal Sponsor Tax Status

- 501(c)(3)
- 501(c)(4), 501(c)(6), 501(c)(8), 501(c)(10), or 501(c)(19) if used solely for charitable purposes and serving the general community
- Local, State, or Federal government agencies
- Schools or universities
- Religious or Faith-Based organization if the requesting Program is 1) Open to the general public regardless of affiliations or beliefs of participants; 2) Does not advance religious doctrine or philosophy; and 3) Does not discriminate in its employment or hiring practices.
- Other - If your fiscal sponsor is not one of the above, please provide your fiscal sponsor's tax exempt status code and type of organization:

\*Upload the Fiscal Sponsor's W9 Form

More Information: You may download the W9 form from the IRS database [here](#)

File Size: Up to 10MB

File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

Choose file...

\*What role and/or activities will the fiscal sponsor perform related to the grant monitoring and reporting? Check all that apply.

- Grant monitoring and reporting
-

Accepting contributions on behalf of your organization

Administrative services

Other:

\*When did your organization begin working with this fiscal sponsor?

\*Does the Fiscal Sponsor have a Board of Directors?

Yes

No

\*Upload a listing of the Fiscal Sponsor's Executive Officers or Leadership Team

· File Size: Up to 10MB

· File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

Upload any existing Memorandum of Understanding or other contractual agreements as available.

· File Size: Up to 10MB

· File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

## Fiscal Sponsor Address

\*Fiscal Sponsor Primary Address (line 1)

Directions: Enter the physical street address of your organization.

Fiscal Sponsor Primary Address (line 2)

Directions: Include suite or office number

\*Fiscal Sponsor City

\*Fiscal Sponsor State

\*Fiscal Sponsor Zip Code

\*Is the Fiscal Sponsor's Primary Address the same as their Mailing Address?

More Information: Mailing Address is where paper documents will be sent. A street address is preferred for mailing, as some of our regions may not be able to mail to P.O. boxes.

Yes

No

## Fiscal Sponsor Contact

\*Fiscal Sponsor CEO/Executive Director Contact First Name

Directions: This is the person at the fiscal sponsor organization who has the authority to enter into contractual agreements.

\*Fiscal Sponsor CEO/Executive Director Contact Last Name

Fiscal Sponsor CEO/Executive Director Contact Prefix

- Ms.
- Mrs.
- Mr.
- Dr.
- Other:

\*Fiscal Sponsor CEO/Executive Director Contact Title

\*Fiscal Sponsor CEO/Executive Director Contact Phone Number

Directions: Use the Following Format: XXX-XXX-XXXX

\*Fiscal Sponsor CEO/Executive Director Contact Email

**Conflict of Interest**

\*Is the Fiscal Sponsor engaged in one or more active contractual agreements with Kaiser Permanente?

- Yes
- No

\*Please provide a description of the fiscal sponsor's engagement with Kaiser Permanente, including start and end dates

\*Do any Kaiser Permanente employees or physicians serve as a Board member or employee of the fiscal sponsor?

- Yes
- No

\*Provide the person(s) name, position with Kaiser Permanente, and the nature of their relationship with your organization.

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## Event Information

### Provide us with a high-level overview of your Sponsorship Request.

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### Application Contact

\*Application Contact First Name

More Information: This is the individual completing the application. Throughout the application, we will ask for several contacts, as each fills a different point of communication and we want to make sure we are able to reach the right person for the right purpose.

\*Application Contact Last Name

Application Contact Prefix

- Ms.
- Mrs.
- Mr.
- Dr.
- Other:

\*Application Contact Title

\*Application Contact Phone Number

Directions: Use the Following Format: XXX-XXX-XXXX

\*Application Contact Email Address

More Information: Application updates will be sent to this email address.

### Event Contact

\*Is your Application Contact the same as your Event Logistics Contact

- Yes
-



# SAMPLE APPLICATION ONLY

\*Event Logistics Contact First Name

More Information: If the sponsorship request is approved, this is the individual who will coordinate with Kaiser Permanente on the event details.

\*Event Logistics Contact Last Name

\*Event Logistics Contact Title

\*Event Logistics Contact Organization

More Information: If different from the applicant organization

\*Event Logistics Contact Phone Number

Directions: Use the following format: XXX-XXX-XXXX

\*Event Logistics Contact Email Address

## Event Information

\*Event Name:

Directions: Maximum 25 words

Event website

\*Provide a brief description of the event, including agenda, purpose and goals, as applicable.

Directions: Maximum 400 words

\*Event type

- Awards Ceremony
- Civic
- Conference/ Meeting
- Fundraiser
- Health Fair
- Meal Event: Breakfast/ Lunch
- Meal Event: Dinner/ Gala
- Public Gatherings (Cultural Event/ Festival/ Grand Opening/ Etc.)
- Walk/ Run/ Etc.
- Other:

\*Is it a One-day or Multiple-day Event?

- One-day Event  
 Multiple-day Event  
 To be Determined

\*Event start Date and Time

Time

\*Event end Date and Time

Time

\*Number of expected attendees

\*Please select the Community Health Need which your project will address. If your request is not for a specific project, select the Community Health Need(s) most aligned with your organization's work.

Directions: Note that in other sections of this application, you will be asked to describe how your project aligns with the selected Community Health Needs. You may select as many Community Health Needs as apply to your project. Please also indicate the approximate percentage of the requested funding that would support each selected Community Health Need.

Please select the community health need(s) which your project's activities will address by clicking the Add Answer button.

Option	Percentage	Primary

Sum : 0

[Add Answer](#)   [Distribute Equally](#)   [Delete All](#)

## Event Location

\*Event Location name

\*Event Address

\*Event City

\*Event State

▼

## Financial Information:

\*What is the total event budget?

Directions: Please do not include currency symbols.

\*Amount requested

Directions: Do not enter currency symbols.

\*Are there other sponsors of this event?

- Yes  
 No

\*List each sponsor, indicate confirmed or unconfirmed, and the amount of sponsorship.

Directions: Maximum 150 words

## SAMPLE APPLICATION ONLY

\*Will an elected official participate in this event?

- Yes
- No
- Confirmation pending

\*Provide the name(s) and office of the elected official(s) and briefly describe how they will be involved (honoree, host, attendee, or other).

Directions: Maximum 200 words

\*Will there be people or organizations honored at this event?

- Yes
- No
- Confirmation Pending

\*Provide the name(s) of the people and/or organization(s) being honored, and describe the honor they will receive. (Example: Jane Smith, Volunteer of the Year)

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## Sponsorships Benefits

### Inform us of any Sponsorship Benefits associated with your request.

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\*Attach a list of all available sponsorship levels and associated benefits.

- File Size: Up to 10MB
- File Type: doc, docx, xls, xlsx, mpp, txt, pdf, jpg, jpeg, png, ppt, pptx, mp3

\*Is there a Program Ad?

- Yes
- No

\*What is the due date?

 

\*What is the dollar value of the tangible benefits associated with the proposed sponsorship level?

**More Information:** Tangible Benefit is a good faith estimate of the value of goods and/or services, if any, that your organization will provide Kaiser Permanente in return for a contribution. [View Example](#)

**Directions:** Enter 0 if no Tangible Benefit. Do not include currency symbols.

\*Is there an opportunity for Kaiser Permanente to be the only healthcare sponsor?

- Yes
- No
- Negotiable

\*Has your organization contacted other Kaiser Permanente staff regarding potential sponsorship or participation for this event?

- Yes
- No

\*Provide name(s) and contact information.

**Directions:** Maximum 100 words

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## Attestation

Please complete the following attestations.

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\*Non-Discrimination Policy - Applicant: Does the applicant organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental disability?

- Yes
- No

\*Non-Discrimination Policy - Fiscal Sponsor: Does the fiscal sponsor organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental disability?

- Yes
- No

\*Non-Proselytizing Policy - Applicant: If the applicant organization is a religious or faith-based organization, will any portion of the grant be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

- Yes
- No
- N/A - not a religious or faith-based organization

\*Non-Proselytizing Policy - Fiscal Sponsor: If the fiscal agent organization is a religious or faith-based organization, will any portion of the grant be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

- Yes
- No
- N/A - not a religious or faith-based organization

\*Non-political activity policy: Will any portion of the grant be used for political advocacy, partisan activities, gifts to or on behalf of state and federal government officials, lobbying, election campaigns, or participation in fundraising events for the purpose of supporting a political action committee (PAC) or committee on political education (COPE)?

- Yes
- No

**SAMPLE APPLICATION ONLY**

Thank you for completing this application. Please remember to save your application, and use the back buttons to review your responses before submitting. After you click the "Submit" button below, your application will be sent to Kaiser Permanente for review and you will not be able to make any further changes. An email will be sent to the Application Contact confirming receipt of the application. Please remember to note your Proposal Number, #3792, for future reference.

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