



## Sponsorship Request Application

**POLICY #OP-17:** It is the policy of the Desert Healthcare District (“District”) to define the circumstances surrounding the sponsorship of events and conferences. The support of local organizational events not only provides financial support to the community in line with the mission and vision of the District, but it also provides opportunities to share and promote the work of the District and increase visibility. (Please [read the full policy](#) for additional information.)

Requested Dollar Amount\*: \_\_\_\_\_

Sponsorship Levels Available: \_\_\_\_\_

Proposed Community Benefit: \_\_\_\_\_

Event Budget: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Event Date and Location: \_\_\_\_\_

Pricing of Additional Tickets/Passes: \_\_\_\_\_

Sponsorship Period:  January through June  
 July through December

**Submission:** Send the completed request form to [info@dhcd.org](mailto:info@dhcd.org)

Please copy and paste your answers into the body of the email.

**Application Deadlines:**

- May 31 – for sponsorship events from July through December
- November 30 – for sponsorship events from January through June

\* Sponsorships up to \$5,000 shall be approved at the discretion of the Chief Executive Officer (“CEO”). Sponsorships greater than \$5,000 shall be presented with the sponsorship deck and requested amount to the Program Committee for review and possible recommendation of an amount to the District Board for approval.

For additional information or questions, contact [info@dhcd.org](mailto:info@dhcd.org)