Bartlett Regional Hospital
Community Events/Project Sponsorship Policy and Guidelines

Purpose and Philosophy

Bartlett Regional Hospital’s mission is to provide its community with quality, patient-centered care in a sustainable manner. As such, we endeavor to support the efforts of community organizations that relate to the mission, values, vision, and community benefit objectives of the hospital.

As a nonprofit community hospital, Bartlett gives careful consideration to requests for financial and in-kind support as they relate to our objectives for community health care and community health care education.

We will consider:

• External requests for sponsorships of relevant projects and events
• Internal requests for sponsorships of relevant projects and events
• Requests for support of nonprofits or fundraising events
• Requests for support of fundraising activities which directly benefit Bartlett Regional Hospital

Funding Criteria

Those requests that fit within the mission, values, vision, and community benefit objectives of the hospital and those that measurably improve the community health and quality of life will be given the highest priority for consideration for potential support. Funds are limited, and we regret that we cannot approve all requests. To be considered, a request for sponsorship or funding must meet all of the following criteria:

• The event or project must directly benefit the geographic area served by Bartlett Regional Hospital.
• The event or project must relate to one or more of the following community health priorities:
  o Health, Fitness, Safety, Wellness and Health Promotion
  o Access to Health Care Services
  o Disease Prevention
  o Recognized Community Health Issues
• The event or project must be consistent with Bartlett Regional Hospital’s mission, vision, and values.
• The requesting organization must demonstrate collaboration and coordination with other community organizations or Bartlett Regional Hospital and not merely duplicate the efforts of other groups.
• The requesting organization must be perceived to be effective, and the activity must be relevant to the perceived needs of the community.
• The requesting organization must have current 501(c)3 not-for-profit, tax exempt status under IRS code Section 170, or be a governmental agency or department, or a public educational institution.
• The requesting organization must demonstrate effective program performance in addition to financial responsibility and accountability.
• The request must meet the promotional needs of Bartlett Regional Hospital. Bartlett must receive recognition of sponsorship through the approved use of our logo in advertising, public announcements, and other materials produced for the event or project.

**Funding Limitations**

Bartlett Regional Hospital is a nonprofit community hospital operated as an enterprise fund of the City and Borough of Juneau. As such, our funds are limited and will generally be made to organizations that have the greatest opportunity for positively affecting the health and wellness of the community we serve. It is our policy **not** to approve funding for the following:

• Political activities of any kind
• Requests from or requests that benefit single individuals
• Requests and/or events that do not improve the health of the greater community that we serve
• Individual Scholarships
• Requests for sponsorship of events that are of questionable taste or would potentially harm the reputation of the hospital by association.

As a community hospital, Bartlett maintains an open door policy and provides basic hospital services to all patients regardless of ability to pay.

• Bartlett is unable to promote, fund or otherwise coordinate efforts on the part of individuals who may seek to defray the out-of-pocket cost of a patient’s health care by conducting fundraising events or other such activities.
• Bartlett is not able to provide patients or other individuals with funds for their private use, regardless of the intent or need for those funds. Nor are we able to pay a patient’s private physician for services provided.
• Patients with financial needs should contact the Financial Counselor in Bartlett’s Patient Financial Services Department for assistance in accessing appropriate financial aid programs.

**Procedures for Requests for Advertising Dollars or Contributions**

All requests for support through advertising dollars shall be referred to Bartlett’s Director of Community Relations and Marketing. All requests requiring production of camera-ready artwork must be submitted at least two months prior to event or applicable publication deadlines.

Use of Bartlett Regional Hospital logo must be approved by the Bartlett Community Relations and Marketing Department in advance and must comply with hospital logo presentation guidelines in effect at the time of use.

Direct requests for contributions without crediting Bartlett Regional Hospital will not be considered.

All requests for advertising dollars or contributions must be accompanied with a completed **Community Event/Project Sponsorship Request** form.

Internal funding requests from Bartlett staff will be evaluated using the same process as external funding requests. In addition, internal requests must report their community benefit dollars and hours spent after the event. It is expected that appropriate proof of performance will be offered to Bartlett for funding of any project or event.
Procedures for Activities that Benefit Bartlett Regional Hospital

Fundraising activities that directly benefit Bartlett Regional Hospital must be conducted in coordination with the Bartlett Regional Hospital Foundation.

How to Apply for Funding:

- Review the application guidelines
- Download the Community Event/Project Sponsorship Request form at www.bartletthospital.org
- Complete the application and submit it along with all supporting materials and documentation.

Mail the Materials to:

Bartlett Regional Hospital
Community Relations and Marketing Department
Event/Sponsorship Request
3260 Hospital Drive
Juneau, AK 99801
Community Event/Project Sponsorship Request Form

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

Purpose/Mission of your Organization:

Contact Name: ________________________________
Organization: ________________________________
Phone: _____________________________________
Fax: ________________________________________
Address: ____________________________________
City/State/Zip: _______________________________

Tax-exempt status: ____ IRS 501(c)3 ____ Gov’t agency/school ____ Other (specify)

Amount Requested (Be Specific):

Date Contribution is needed:

Event/Project Name: ________________________________
Event/Project Date(s): ________________________________

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 Bartlett Regional Hospital be recognized for this sponsorship?
__________________________________________________________________________________
__________________________________________________________________________________

Does your organization receive funding from United Way? ____ Yes ____ No

Other anticipated funding sources for the event/project:
__________________________________________________________________________________
__________________________________________________________________________________

If this funding request is approved, I understand that I may be asked to provide Bartlett Regional Hospital with a follow-up report detailing how the contribution was used, how many people were impacted, and how Bartlett was recognized.

Authorized Signature ________________________________ Date ________________________________