

Kaiser Foundation Hospitals / Kaiser Foundation Health Plan

Sponsorship & Donation Request Guidelines

Kaiser Permanente's mission is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve.

Please complete the Sponsorship and Donation Request Application Form and submit the required documentation as applicable to your request.

Submission Requirements:

- Completed Sponsorship and Donation Request Application Form
- Copy of the tax exempt status determination letter from the Department of the Treasury Internal Revenue Service or a copy of the certification letter from the State Attorney General
- List of Board of Directors and their affiliations
- Statement of organization's nondiscrimination policy

For requests of \$10,000 or more also include:

- Copy of the most recent independent audited financial statement
- Copy of most recent IRS 990 tax form
- Project Narrative that includes:
 - o **Project Summary** (one page) including the legal name of your organization and the amount of funds being requested
 - o **Statement of Need**
 - Provide information on needs, problems, issues, and/or opportunities to be addressed
 - Include data to support these identified needs
 - o **Project Plan**
 - Describe the project's goals, objectives and activities.
 - Provide a project timeline.
 - o **Evaluation Plan**
 - Indicate your projected outcomes and how they will be evaluated. The outcomes should align with your goals, objectives, and activities and should be measurable. The outcomes should indicate what you expect to change as a result of your project.
- Project Budget on separate a page** An itemized budget for the organization or project/event funds are being requested for. Indicate how funding from Kaiser Permanente Hawaii will be used, and include funding from other entities, if expected.

Please send:

- One electronic copy (PDF format) emailed to: Nina.Y.Miyata@kp.org **and**
- One original paper copy of your proposal including the budget and required attachments via mail to:

Nina Miyata
Community Benefit
Kaiser Permanente Hawaii
2828 Paa Street
Honolulu, HI 96819

If you have questions, please contact Nina Miyata at (808) 432-5673 or by email at Nina.Y.Miyata@kp.org.

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Please refer to the Sponsorship & Donation Request Guidelines for complete application requirements.

Tell us about your organization:

Organization's name:	Organization's Executive contact name and title:	
Organization's legal name (on 501(c)(3) letter) (if different from above):	Hawaii address, city & zip code:	
Federal Tax ID #: Tax Exempt Status (Attach tax exempt determination letter): <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Government or Public Agency		
Web site address:	Telephone #:	Fax #:
Organization's Background / Mission:	E-mail address:	
	Organization's Board of Directors and their Affiliations (Attach list)	
List any potential conflicts of interest:		
Statement of Organization's Nondiscrimination Policy:		

Tell us about your event, project, item(s) or service requested:

Event or project name:	Event or Project Contact Person Name and Title:	
Event or project date(s):	Hawaii address, city & zip code:	
Requested amount: \$	Telephone #:	Fax #:
Date funds needed by:		
Event or project location(s):	E-mail address:	
Number of people to be served:	Did Kaiser Permanente participate last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Event or project description (include how the event/project will benefit the community and how success of the event/project will be measured):		
How will the requested contribution be spent/ utilized? (Resource Allocation, itemization is recommended)		
Applicant's Signature:	Date:	

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