Application Form

1. Year of Requested Sponsorship:

2. Full Name of Charity/Organization:

3. Which Funding Priority Does Your Organization Qualify For:

4. Type of Organization:

5. Type of Request:

6. Is a Company Employee(s) Involved with Organization:

7. If Yes, List Name of Employee(s) & Type of Involvement:

8. Does the request have an event associated with it *(if no, skip to question 31)*:

9. Type of Event:

10. Name of Sponsorship Event:

11. Date of Event:

12. Start Time of Event:

13. End Time of Event:

14. Name of Location:

15. Address of Location:

16. Attire of Event:

17. What is the Ad Deadline:

18. Estimated # of Attendees at Event:

19. Company Employee Being Honored:

20. Name of Employee Being Honored?

21. When Are Name of the Guests Who are Attending Due:

22. When is the Deadline to be on Invitations:

23. Are there any additional events associated with the primary sponsorship event (*Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc…*)

24. Name of Event:

25. Date of Event:

26. Start Time of Event:

27. End Time of Event:

28. Name of Location:

29. Address of Location:

30. Attire of Event:

31. Has your organization been funded before by our company?
    a. If yes, when was the most recent year?
    b. How much was the funding?

32. The Sponsorship Request Will Affect Which Country
    a. If you selected other, please specify the country:

33. The Sponsorship/Membership Request Will Affect Which County/Area *(select the one that best applies)*:

☐ Broward   ☐ National
☐ Miami-Dade   ☐ Statewide (Florida)
☐ Palm Beach   ☐ South Florida (Palm Beach/Broward/Miami-Dade)
☐ Other

If "Other" is selected, please indicate which county

34. Your organization Serves What Type of Population Served: *(you may select up to three that best apply)*

☐ Animals   ☐ LGBT
☐ At Risk Youth   ☐ Medically Ill
☐ Disability   ☐ Minority
☐ Foster Care   ☐ Seniors
☐ General Community   ☐ Tourists
☐ Industry Professionals   ☐ Veterans/Military/Police
☐ Leaders/Executives   ☐ Youth (ages 0-18)
☐ Low to Moderate Income   ☐ N/A

35. Does Organization Have a Young Professionals Group:

36. Charity/Organization Contact:

Upon completion of the Sponsorship Application you may send an email with the **application, a proposal, W-9 form and list of Board of Directors** to our Philanthropy Consultant**,** Kelly Alvarez Vitale at Kelly@StrategicPhilanthropyInc.com.

Please title the subject line of your email to read **Nipro Diagnostics Community Partnership Request for <Name of Your Organization>.**