KINGMAN REGIONAL MEDICAL CENTER

KRMC COMMUNITY BENEFIT AND SPONSORSHIP REQUEST GUIDELINES

Kingman Regional Medical Center (KRMC) is committed to enhancing health and wellbeing in Kingman and surrounding communities in Mohave County. We have a long-standing history of providing support for many community causes and events. With that, we continue to receive a growing number of requests for sponsorships and donations. Our ***Community Benefit Program*** is designed to best manage the volume of requests and distribute our limited funds.

The following guidelines describe the KRMC Community Benefit Program and the process for requesting sponsorship, donations, or support for your community project, program, or event. Please thoroughly review these guidelines before submitting your request.

TYPES OF SUPPORT PROVIDED BY KRMC

KRMC sponsors a host of community events and also provides donations to many worthy causes and activities in our community. We also provide in-kind services, which include giveaways for events, presentations by health professionals, first-aid support, general health screenings, and food or refreshments for your event from our Catering Department.

In general, we do not provide sponsorships or donations in excess of $2,500. However, if your organization directly serves a community need, we will review requests for higher amounts. Approval will be on a case-by-case basis according to the timing of your application in relation to our annual budget, availability of funding, the described use of funds, and the requesting organization's mission and capabilities.

WHAT WE SUPPORT

KRMC is proud to contribute to our community by supporting **non-profit** organization projects, programs, or events that:

- Improve access to healthcare
- Promote health and wellness in our community
- Provide or promote physical activity or other healthy lifestyle behaviors in our community
- Improve safety in our community
- Address alcohol, tobacco, substance abuse, or other unhealthy behaviors in our community
- Support family wellbeing in our community
- Result in measurable benefit to: infants, young children, youth, elderly, those who are disabled or in ill health, or those in socio-economic distress within our community
- Improve quality-of-life in our community

WHAT WE DO NOT SUPPORT

KRMC will not consider requests for:

- Programs outside of our service area or that do not directly benefit local residents
- Event sponsorships for organizations already receiving operational support from the KRMC Community Benefit Program
- Sponsorships for more than one sporting team per league
- Individuals participating in a fundraising event or other individual pursuits
- Profit-making ventures
- Political campaigns, candidates, partisan activities, or religious activities
- Organizations that have received a financial donation through the KRMC Community Benefit program in the prior twelve months.
- Organizations whose philosophy or mission conflicts with the Mission, Vision and Values of Kingman Regional Medical Center (KRMC)
- Organizations who are in direct competition with KRMC
- Activities that conflict with fund-raising efforts of the KRMC Foundation

FUNDING PRIORITIES

Submitted applications for KRMC support will be reviewed by the KRMC Community Benefit Committee during the first week of every month. The committee will base approval on availability of funding and on the extent your application meets our funding priorities listed below. Please be advised that due to the volume of applications, we may not be able to fulfill every request; even if it meets our criteria. We will not consider requests that do not match any of our funding priorities.

1. VALUE TO COMMUNITY HEALTH & WELLNESS

Programs, projects, and events that promote health and wellness or address a community health need within KRMC's service area. These include efforts that:

- Improve access to health services
- Promote health and wellness
- Provide or promote physical activity or other healthy lifestyle choices
- Improve safety in the community
- Address alcohol, tobacco, substance abuse, or other unhealthy behaviors
- Support family wellbeing

2. BENEFIT TO VULNERABLE RESIDENTS

Programs, projects, and events that result in measurable benefit to vulnerable residents within our service area, which include:

- Infants
- Young Children
- Youth
- Elderly
- Disabled
- Those with chronic illness (cancer, heart disease, diabetes, etc.)
- Those in socio-economic distress

3. ENHANCEMENT OF COMMUNITY QUALITY-OF-LIFE

Programs, projects, and events that enhance quality-of-life in our service area, which include:

- Educational activities
- Family activities
- Music, arts, and cultural activities
- Activities that enhance our local economy

APPLICATION INSTRUCTIONS

1. **Please complete a KRMC Community Benefit Application**
   If your need for KRMC support matches one or more of our funding priorities, please complete the appropriate sections of the KRMC Community Benefit Application. Preference will be given to requests that meet more than one of our priorities. We will not consider incomplete applications. However, a completed application does not guarantee approval.

   - If you are requesting an **in-kind service**, such as food or speakers for an event; or if you are requesting sponsorship of a sports team; please complete sections A and B of the application.

   - If you are requesting **financial support, a donation, or event sponsorship**; please complete sections A, B, and C of the application.

   KRMC will not consider any request without a completed application. If you are unable to access our online form, you may obtain a print version from the KRMC Public Relations office at the address listed below.

2. **Please submit your request at least 2 months prior to your event or sponsorship deadline.**
   Once we receive your request, we need at least 4 weeks to submit to the KRMC Community Benefit Committee, which meets monthly to review and approve applications. We will then contact you within 30 days regarding the status of your request.

IMPORTANT, please note: KRMC's fiscal year begins in July and ends in June. Our budgeting process for the fiscal year begins in April. Therefore, if you are requesting annual organizational support or a sizable donation, **please submit your request prior to April 1st**. If your application is approved, this will allow us to budget our support during the following fiscal year. Requests for substantial support that are submitted after our budgeting period are more likely to be denied due to lack of funds.

If you have questions regarding KRMC's Community Benefit application process, please contact:

Shawn De La Riva, KRMC Public Relations Dept.
KRMC Hualapai Mountain Campus
3801 Santa Rosa Drive
Kingman, Arizona 86409
(928) 263-4565
Shawn.DeLaRiva@azkrmc.org

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KRMC COMMUNITY BENEFIT APPLICATION

Please fully complete this form as directed. If necessary attach extra sheets.

SECTION A: ORGANIZATION INFORMATION

Today's Date: _____ **Date Support Needed:** _____

Contact Name: _____

Email: _____ **Phone:** _____

Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Is your organization a 501(C3) non-profit agency? ☐ Yes ☐ No

If yes, please indicate your tax exempt status (e.g. 501(c)3): _____

Tax ID Number (if applicable) : _____

What is the mission or purpose of your organization? (If applicable, please attach mission statement)

_____

_____

Has KRMC provided support to your organization in the past? ☐ Yes ☐ No

If so, in what way? _____

_____

_____

What KRMC Community Benefit priority does your program, project, or event address?
(Check all that apply).

☐ Community Health & Wellness ☐ Vulnerable Residents ☐ Quality-of-Life

Please explain how your program, project, or event addresses the priority(ies):

Will KRMC receive any publicity or recognition for our support? ☐ Yes ☐ No
If so, in what way?

SECTION B: TYPE OF KRMC SUPPORT REQUESTED

Please indicate the types of support you're requesting and answer only the questions in that category. You may select more than one category.

☐ COMMUNITY AGENCY OPERATIONAL SUPPORT

Amount Requested: _____

What services does your agency provide?

Who does your agency serve?

Estimated number of people you serve annually: _____

How will KRMC support be used?

☐ FINANCIAL DONATION

Amount Requested: _____

Who will our donation serve?

_____

_____

How will our donation be used?

_____

_____

☐ EVENT SPONSORSHIP

Amount Requested: _____ Event date(s) : _____

Event name: _____ Event location: _____

How many years has this event taken place? _____

Estimated attendance this year: _____ What was the attendance last year? _____

Will a KRMC employee or physician be honored at the event? ☐ Yes ☐ No

If so, please provide the name of the individual(s) _____

If applicable, please attach event sponsorship levels and associated benefits.

☐ SPORTS TEAM SPONSORSHIP

Amount Requested: _____ Type of sport _____

League:_____ Team name: _____

Average age of team members: _____

☐ FOOD/REFRESHMENTS

Event name: _____ Event date(s) : _____

Event location: _____ Number of People to be served: _____

Event purpose:_____

What type of food are you requesting? (Please be specific for ordering purposes:) _____

☐ PRESENTATION BY A KRMC HEALTH PROFESSIONAL

Event name: Date needed: _____ Time needed: _____

Event location: _____

Event purpose _____

What health topic? _____

Duration of presentation: _____ Estimated number in the audience:_____

If known, indicate name of requested speaker: _____

☐ HEALTH SERVICE OR SCREENING

Event name: _____ Date needed: _____Time needed: _____

Event location _____

Event purpose: _____

Please describe the service you need (e.g., first aid support, blood pressure checks, bone density testing, etc.):

_____

_____

☐ GIVEAWAYS

Event name: _____ Date needed: _____

Time needed: _____ Event location: _____

Event purpose: _____

Please describe the type of giveaway needed: _____

For how many people? _____

How will you distribute the giveaway(s)? (e.g., goodie bags, door prize, silent auction, etc.)

_____

☐ **OTHER REQUEST**

Please describe your request as completely as possible

Who will this benefit?

How many people will this reach?

SECTION C: FINANCIAL REQUEST NARRATIVE

Please complete this section ONLY if you are requesting financial support or event sponsorship. You are not required to complete this section for sports team sponsorships or in-kind service requests (e.g., refreshments, speakers, giveaways, etc.)

Please describe how your program, project, or event benefits residents in KRMC's service area.

What do you hope to achieve with your program, project, or event?

How will you measure the success of your program, project, or event?

Thank you for your application. Please note that the KRMC Community Benefits Committee meets the first week of every month to review and approve applications that benefit KRMC's service area. You will be notified of our decision within 30 days after our review. If you have any questions, please contact KRMC Public Relations at (928) 263-4565.