

Your Cause Sponsorship Application Form
Application Deadline: November 30, 2022

Sponsorship Policy: *Team Upstate is committed to helping community organizations whose work and mission is complementary to that of Upstate Medical University, to improve the health of the communities we serve through education, biomedical research and healthcare. Please be advised that several sponsorship requests are received every year and only one sponsorship will be awarded per year at this time.*

If your agency is selected for the Your Cause sponsorship you will be required to attend quarterly Team Upstate meetings and serve as a liaison between your organization and Team Upstate. You will also be required to recruit and organize Upstate volunteers for special events, if needed. **The success of your charity depends on YOU and your involvement. You will need to devote at least 20-30 hours for the entire year to make it a success.**

APPLICANT INFORMATION

Are you currently a SUNY Upstate Medical University employee/student? Yes / No

Name:

Department:

Position/title:

Class year:

Years of service:

Are you able to attend/update the Team Upstate Committee at their quarterly meetings if your organization is selected? Yes
I understand that Team Upstate sponsorship requires my attendance at quarterly meetings and continual communication throughout the calendar year of sponsorship should my organization be selected.

I have received approval from my supervisor that if my nominated agency is chosen, I can attend and participate in Team Upstate/Your Cause and it will not negatively impact my job duties or performance.

Supervisor Name:

Phone:

Email:

ORGANIZATION INFORMATION

Organization Name:

Individual/Contact Name:

Address:

City/State/Zip Code:

Phone Number:

Fax:

Email:

Website:

The organization MUST be a 501C3 – Please provide the TAX ID#

Does this organization have a presence in the central New York area? Yes / No

Your length of involvement with this organization:

Are you a current board/committee member for this organization? Yes / No

Do you hold any positions within the organization? Yes / No Explain:

NARRATIVE QUESTIONS

1) Describe how your organization and/or this event addresses a community health care need.

2) Are marketing and communications opportunities for Upstate Medical University associated with this event? *For example, are there opportunities to volunteer at the organization or its special events? Does your organization have any communications outlets to feature Team Upstate sponsorship?* If yes, please explain:

3) How does this organization follow the Upstate Mission Statement?

4) Please describe why your organization should be selected for Team Upstate's Your Cause sponsorship?

5) Please provide any additional information or comments.

REQUIRED: Please provide an estimated budget on how the requested amount would be spent throughout the year. There are samples and a template provided at: <http://upstate.edu/teamupstate/your-cause/>

All Applications **MUST** be submitted to Nancy Prott, Office of the President (prottn@upstate.edu) by **NOVEMBER 30th**. No Exceptions. Please note: Your Cause only funds established organizations. Your Cause cannot be used for start-up ventures.