



## APPLICATION FOR DONATION / SPONSORSHIP

*InterMed's charitable giving program focuses on IRS-recognized non-profit organizations that benefit the residents of Greater Portland through activities that are related to healthcare OR provide services and/or goods that enhance social determinants of health. Due to the large number of requests, we are unable to provide support to all applicants. Please see [www.intermed.com/community-support](http://www.intermed.com/community-support) for more information.*

### Organization Profile

Organization Name \_\_\_\_\_

Organization Street Address \_\_\_\_\_

Organization Street Address \_\_\_\_\_

Organization City/Town \_\_\_\_\_

Organization State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_

Is the organization a 501(c)(3)? YES NO

Organization Tax ID Number/EIN \_\_\_\_\_

*Please attach your IRS determination letter*

Website \_\_\_\_\_

Social Media Platforms \_\_\_\_\_

Mission Statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has InterMed previously supported the organization?                      YES                      NO

**InterMed focus requirements**

Is your program/event related to healthcare?                      YES                      NO

*If yes, please specify how.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your program/event enhance social determinants of health?

YES                      NO

*If yes, please specify how.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your program/event benefit residents of Greater Portland?

YES

NO

*If yes,*

How many years has the organization served Greater Portland? \_\_\_\_\_

How many people does the organization serve? \_\_\_\_\_

In Greater Portland? \_\_\_\_\_

In what way(s) \_\_\_\_\_

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### **Request Details**

What is the dollar amount of the donation you are seeking? \_\_\_\_\_

Date funds are needed by: \_\_\_\_\_

Is your request for a donation to support overall operations of the organization?

YES

NO

Is your request for a donation to a specific program?

YES

NO

What is your annual budget? \_\_\_\_\_

How will InterMed's donation be recognized? \_\_\_\_\_

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The organization, program or events benefits people in the following geographical areas. *(Check all that apply)*

Androscoggin County

Aroostook County

Cumberland County

Franklin County

Hancock County

Kennebec County

Knox County

Lincoln County

Oxford County

Penobscot County

Piscataquis County

Sagadahoc County

Somerset County

Waldo County

Washington County

York County

Statewide

None of the above

How will you measure and report on the impact of this initiative? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

