

Donation and Sponsorship Guidelines

Select Health of South Carolina, Inc., proudly supports a broad spectrum of health and community related causes throughout the state. Each year, we receive hundreds of requests from worthy charitable organizations throughout the communities in which we live and serve. Due to the large volume of requests, we have established guidelines regarding the types of activities we consider for donations and sponsorships.

Key Objectives

Our charitable donation and sponsorship activities are focused on three key objectives:

- Health
- Education
- Community Outreach and Awareness

Based on our key objectives, we have developed criteria for donations and activity/event sponsorship. Our criteria stems from a desire to fulfill our mission of helping South Carolinians get care, stay well and build healthy communities.

Select Health of South Carolina requires nonprofits applying for its grants to implement or continue policies regarding child sexual abuse prevention. **We are requiring all grantees serving youth (both adult staff and volunteers) to have documented Stewards of Children training by Darkness to Light completed as part of their grant applications. This training is provided at no cost to the requesting organization.**

Donation Criteria

We will consider requests for donations from non-profit organizations that meet one or more of the following criteria:

- Activity has a direct or implicit connection with the listed key objectives
- Activity reaches a statewide or (approved) target audience
- Activity provides opportunities for the promotion or presentation of Select Health's initiatives

Activity/Event Sponsorship Criteria

We are also committed to partnering with non-profit organizations on activities or events focused on improving the health of South Carolinians through increased awareness and education. Our partnerships foster good will in the community and promote our brand. A suitable sponsorship is one that is mutually beneficial for Select Health and the communities we serve.

You may qualify for a sponsorship if your organization's program meets the following criteria:

- Sponsorship has a direct or implicit connection with the listed key objectives
- Sponsorship is highly visible and has the potential to reach a statewide audience
- Activity provides opportunities for the promotion or presentation of Select Health's initiatives

Note: In the case of most sponsorships for specific activities, Select Health anticipates exclusivity from other Medicaid managed care organizations' participation in the form of Right of First Refusal.

The following requests are not in compliance with our guidelines and will not be considered for support:

- Requests to support individuals
- Requests from political organizations
- Requests from 3rd parties to raise funds for a charity
- Requests to support activities outside of our service area
- Requests that do not support our identified objectives

For internal completion only:

Date received _____ Date of program/project _____
 Target _____ In-kind Financial \$ _____

Applicant Information

Organization _____ Contact Person _____
 Mailing address _____
 City, state zip _____ County _____
 Phone _____ Fax _____ Website _____
 E-mail address _____ Stewards of Children training complete

Donation/Sponsorship Information

Mission of organization _____

Program or project title _____ Program date _____

Explain how this request relates to one or more of the three key objectives for charitable donations as described in the guidelines.

What is the projection of the following to benefit from this program or project?

Number of attendees _____ Age group _____ Gender _____

Describe any other related projections _____

Please check one of the following and provide the relevant information.

In-kind donation requested Financial donation requested
 Volunteers, qty. _____ Dollar amount requested \$ _____
 Other, describe _____

Please check any of the following outcomes for Select Health that apply.

Media coverage Marketing opportunities Inclusion in promotional material Signage
 Other, describe _____

Please indicate any of the following you need to promote Select Health accordingly. Please forward a link to website or electronic proof of print material where our logo is used to confirm proper treatment of logo.

Logo, print version Logo, web version Website address Ad

Please provide a list of other donors and indicate whether they are potential or committed. _____

- Requests for donations/sponsorships must be received 60 days prior to the event date.
- Please fill out the form completely and include as much detail as possible.
- Include documentation of your organization's 501c(3) status with the application.
- Include documentation of Stewards of Children training. *Training is at no cost to applicant.*
- Include a signed W9 with the application.
- You will be notified in writing of our decision within 30 days of receipt.
- **Donation/Sponsorship recipients are required to return the Post-event Outcomes Form within 15 days of the program completion date.**

Please return your application by mail or e-mail to one of the addresses indicated below:

Mail: Select Health of South Carolina
 Attn: Community Liaison
 PO Box 40849
 Charleston, SC 29423

E-mail: CommunityLiaison@SelectHealthofSC.com

Please return this form within 15 days of the program completion date by e-mail or fax.

E-mail: CommunityLiaison@SelectHealthofSC.com

Fax: 843.569.0702

Recipient Information

Organization _____ Contact Person _____
 Phone _____ Fax _____ Website _____
 E-mail address _____
 Program or project title _____ Program date _____

Program Outcomes

How many people were impacted by or participated in the program or project? _____

Health areas addressed in project (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Access to primary medical care | <input type="checkbox"/> Access to specialty/subspecialty care |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease/stroke |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Teen pregnancy prevention | <input type="checkbox"/> Vision exams (children) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
- | | |
|---|---|
| <input type="checkbox"/> Dental care (children) | <input type="checkbox"/> Dental care (adults) |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Infant mortality |
| <input type="checkbox"/> Physical activity/exercise | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Vision exams (adults) | <input type="checkbox"/> Other _____ |

Racial/Ethnic groups served during this project (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other _____ | | |

Gender of participants impacted by the project: Male Female

Age groups of participants impacted by the project (complete the age range):

- | | |
|--|---|
| <input type="checkbox"/> Prenatal (_____ to _____) | <input type="checkbox"/> Adolescents (_____ to _____) |
| <input type="checkbox"/> Infants (_____ to _____) | <input type="checkbox"/> Adults (_____ to _____) |
| <input type="checkbox"/> Children (_____ to _____) | <input type="checkbox"/> Elderly (_____ to _____) |

The goals of the project/program were met to your satisfaction: Agree Disagree Neutral

If the requested financial donation or sponsorship was not used in its entirety, please explain how the remaining funding will be utilized.

How was Select Health recognized as a donor or sponsor? Please attach printed materials or include website links, if applicable.

Please provide any additional information relevant to your organizational outcomes and Select Health outcomes.