



Sponsorship Funding Application

Prior to filling out the application, please read below.

Are you interested in spreading positive messaging about the Florida KidCare program at an event you are already attending or would like to attend?

The Florida Healthy Kids Corporation may be able to assist you with your event fees.

Whenever financially possible, Florida Healthy Kids sponsors events that support our mission to provide the uninsured children of Florida with the health coverage they need.

In exchange for fee assistance, you will be asked to share Florida KidCare information and educate interested parties at the event.

If your organization is participating in an upcoming event and would like to be considered for sponsorship, please fill out the application below.

Before filling out the form, please be aware of the following that will be required in order for your submission to be considered:

- Sponsorship information, including event advertisement and/or vendor info
- The request must be submitted at least 15 working days prior to the event date
- Any locally developed materials using the Florida KidCare logo must have prior approval before use

**If selected, you will be responsible for submitting an event summary and photos no later than two weeks after the event.*

Sponsorship Application

Organization name: _____

Is this a 501(c)(3) organization? Yes No

Mailing Address: _____

City: _____ **State:** FL **Zip Code:** _____

Provide a brief description about your organization and the population it serves. _____

Have you previously received a sponsorship from Florida Healthy Kids? Yes No

Name of Funding Requestor: _____

Job Title: _____

Phone Number: _____ **Email Address:** _____

Sponsorship Type: Booth/Table Fair/Festival Other (Specify): _____

Amount Requesting: _____

Name of event: _____

Event website: _____

Name of the Organization Sponsoring Event: _____

Event Date: _____ **Event Time:** _____

Address of the Event: _____

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

of Anticipated Attendees: _____ **Targeted Audience for Event:** _____

If the funding request is approved, how will the award be used? _____

What organization should the check be made out to (if approved) and where should it be mailed?

Organization: _____ **Address:** _____

_____ **City:** _____ **State:** FL **Zip Code:** _____