



## **Presbyterian Community Engagement Sample Application**

For assistance, contact [communityengagement@phs.org](mailto:communityengagement@phs.org)

This document is a preview of the online form for informational purposes only.

All application submissions must be completed online at

<https://www.phs.org/community/legacy-of-caring/community-engagement>

**Effective as of January 20, 2025**

**Introduction**

If you wish to request consideration of a sponsorship or a community grant from Presbyterian Healthcare Services, please ensure that you understand the eligibility requirements outlined on our Community Engagement page before starting the form below.

There is no way to save and resume the form: please have all required information ready before starting. Review this checklist to have all information available when you begin.

If your request does not meet the eligibility requirements to move forward in the application, simply close the browser window.

Submissions will be reviewed within four business weeks and we will contact you with the approval or denial via the contact information provided on the application. If you are approved, it may take up to four weeks to process funding.

Note: The following three eligibility requirements must be met to continue. If anyone criterion is not met, the submitter will be notified they are ineligible and asked to close the browser window.

Items with an asterisk\* are required.

**Confirm Your Eligibility**

Reminder: The **Presbyterian Community Engagement** page on our website details the eligibility requirements for applications for funding to be considered. The first three questions are to confirm the eligibility of the request. If you do not meet an eligibility requirement, you may close the browser window.

***Is your program funding request for any of the following?\****

- Individual participation, endeavors, or needs.
- Gift cards of any kind.
- National trips/tours/conferences not benefiting the local community.
- Scouting organization, booster clubs, and specific school PTAs.
- Political action committees, causes, or lobbying organizations.
- Individual pre-K-12 public schools or school programs. In this case, the "parent" school district is eligible for support.
- Organization that discriminates based on age, disability, ethnicity, gender, gender identity, national origin, race, religion, sexual orientation, or any other status protected by federal, state, or local law.
- No, none of these.

**If “No, none of these.” Continue to Select your non-profit status\***

**If NOT “No, none of these”, then**

Presbyterian is a not-for-profit health system and, as such, the Presbyterian Community Engagement funding can only support applicable activities offered by other non-profit organizations in New Mexico. Based on the information you provided, your organization does not meet the initial eligibility requirements to be considered for funding at this time. Please email [communityengagement@phs.org](mailto:communityengagement@phs.org) if you feel you've reached this message in error. You may close the browser window now.

**Select your non-profit status\***

- 501(c) (3) or private foundation
- Neither of these

**If “Neither of these”**

Presbyterian is a not-for-profit health system and, as such, the Presbyterian Community Engagement funding can only support other non-profit organizations in New Mexico. Based on the information you provided, your organization does not meet the initial eligibility requirements to be considered for funding at this time. Please email [communityengagement@phs.org](mailto:communityengagement@phs.org) if you feel you've reached this message in error. You may close the browser window now.

**If 501(c) (3) or private foundation is selected, continue****Is your program located in New Mexico?\***

Yes

No

**If “No”**

The Presbyterian Community Engagement funding is meant to support the patients, members and communities we serve in New Mexico. Unfortunately, we are not able to fund activities outside of New Mexico at this time.

You may close the browser window now.

**If “Yes”**

Your request has met the eligibility requirements to apply for Presbyterian Community Engagement funding. Please complete the application.

You will receive an email with a PDF of your responses after submission.

**Donation Request Information**

***Name of Organization\****

***Doing Business As (DBA), if applicable\****

***Employer ID Number (EIN)\****

EIN is nine digits and must be available at for submission

***Name of Event/Sponsorship/Program requesting funding today\****

***Which focus areas does your program address?\****

Health Equity

Diversity, Inclusion, Belonging

Healthcare Access

Other

***Is this your organization’s first request for funding from any Presbyterian Healthcare Services entity?\****

Yes

No

Not certain

**If “No”,**

What is the most recent year a funding request was submitted to Presbyterian (prior to this submittal?)\*  
Was this program/event funded in any prior requests?

Yes or No

**If “Yes”,**

What was the most recent year a request was funded?

***Is a Presbyterian employee involved in your organization’s leadership (e.g. board of director’s?)\****

Yes or No

**If “Yes”,**

Please provide the Presbyterian employee name(s) and associated title(s) within your organization.\*

***What is the donation amount requested today?\**** Note: Most grants are \$2,000 or less but, in some exceptional cases, we may consider funding a larger amount.

**Information About You**

**Full Name\***

**Title**

**Phone Number\***

**Email Address\***

**How are you affiliated with the organization applying for funding?\***

Employee

Volunteer

Other

**Are you a current Presbyterian employee?\***

[Yes](#)

No

If Yes to "Are you a current Presbyterian Employee"

**Select your primary facility\***

**Are you requesting funding for an internal Presbyterian event, function, or sponsorship?**

[Yes](#)

[No](#)

If Yes to internal Presbyterian event

The Presbyterian Community Engagement funding prioritizes supporting external events that connect us to our patients, members and the communities we serve. Although this funding is not meant to support internal Presbyterian events we recommend contacting your manager for funding alternatives. Please email [communityengagement@phs.org](mailto:communityengagement@phs.org) if you feel you've reached this message in error.

You may close the browser window now.

***Information About The Organization Requesting Funding***

**What area of New Mexico does your organization primarily serve?\***

Central: Bernalillo, Sandoval, Valencia, and Tarrant counties

Northwest: San Juan, Rio Arriba, McKinley, Los Alamos, Cibola counties

Northeast: Santa Fe, San Miguel, Harding, Union, Colfax, Taos, and Mora counties

Southeast: Otero, Eddy, Lea, Chaves, Roosevelt, De Baca, Lincoln, Curry, Quay, and Guadalupe counties

Southwest: Doña Ana, Grant, Hidalgo, Luna, Sierra, Catron, and Socorro counties

Statewide

**What type(s) of services describe your organization (Select up to three (3) choices)**

Addiction services

Arts and culture

Basic and emergency aid

Behavioral health care

Child welfare

Community and economic development

Community healthcare

Community organizing

Crisis intervention

Cultural awareness

Disasters and Emergency Management

Diseases and conditions

Education access

Family services

Food access

Health

Health care access

Health care quality

Hospice care

Job training

Legal services

Local development and culture

Maternal health

Patient social services

Public health

Public policy

Public safety

Reproductive rights

Safe housing

Social rights

Special population support

Sports and recreation

Sustainable development

Veterans' affairs

Victim aid

Vocational rehabilitation

Youth services / development

**Organizational purpose or mission statement\*** Limit 1,000 characters

**Organizational website\***

**Social Media presence(s)**

BlueSky

Facebook

Instagram

LinkedIn

TikTok

Twitter/X

YouTube

Other

### **Charity Navigator Link**

Presbyterian may consider Charity Navigator analysis. <https://www.charitynavigator.org/>

### ***Funding Request Type***

**Donation request type\*** A **Sponsorship: one-time support of a specific event with deliverables. A Community grant: funding to support local non-profits, their specific programs or initiatives, not attached to an event.**

[Sponsorship](#)

[Community Grant](#)

**Sponsorship Request**

**Event type\***

Community Event

Fundraiser

Networking Event

Symposium or Conference

Award Ceremony

Charitable Run

Other

**Start date\***

**End date (if different from start date)**

**Event location\***

In person

In person & Virtual

Virtual

Other

**Expected attendance of each location\***

**Describe the sponsorship tiers, associated fees, and number of opportunities available.**

Example: Platinum Tier @ \$10,000 for 1 opportunity | Gold Tier @ \$5,000 for 2 opportunities | Silver Tier @ \$2,500 for 5 opportunities

**What tier are you requesting of Presbyterian for a donation?\***

**Who are the other sponsors and at what tiers?**

**Describe any sponsorship benefits for Presbyterian at the level of support requested.\***

Examples: Table for Presbyterian guests, program ad in event publication, promotion on social media channels, etc

**Upload event/program brochures or other materials**

***Community Grant***

**Please describe the program and the community need it meets.\***

**How many people does this program impact annually?\***

**How will Presbyterian donations be used?\***

**Any additional information you want to share?**

**Upload program brochures or other materials.**

***Logo Usage***

**Will Presbyterian's logo be included on merchandise or collateral?**

**Please provide details on how you intend to use Presbyterian's logo.**

***Funding Documentation***

**Upload W-9**

If you need a W-9 to complete, please download it from the IRS here. [IRS W-9](#)

Application complete. Submit application now.

