



Texas Association of Community Health Centers

Sponsorship Application

Program Year: October 1 to September 30

GENERAL INFORMATION

Company Name: _____

Business Type: Individual Non-profit For-profit

Contact Person: _____ Title: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Website (if applicable): _____

Chief Executive Officer/Executive Director: _____

Name of Person Completing Application: _____

Title: _____

Briefly describe why you want to be a Sponsor of the Texas Association of Community Health Centers (attach additional sheets if needed):

Description of your products, services, or other support offered to community health centers (you may include a promotional brochure):

Sponsorship Level: Diamond Sapphire Emerald Ruby Pearl



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CERTIFICATION OF SPONSOR

Please attest to the truth of the following statements, as applicable to your organization, by having the Board President, CEO, or other authorized individual of your organization initial as indicated.

Applicant certifies, to the best of his or her knowledge and belief that neither s/he nor any organization on behalf of which the applicant is applying, nor any of such organization's principals:

- Are presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
- Have within a three-year period preceding this application, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property);
- Are presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in section 2. immediately above; and
- Have within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

This certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under section 1001, title 18, United States code.

Applicant will provide immediate written notice to TACHC if, at any time prior to approval of sponsorship application, applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Furthermore, we hereby indicate support for the work of TACHC and a desire to become a supporting Sponsor. If approved, we pledge to maintain appropriate confidentiality of TACHC information.

Initial

Date



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SPONSORSHIP FEES

Sponsorship fees are based on corresponding benefit levels (refer to the Sponsorship Levels and Benefits chart for further details):

1. Diamond Sponsorship
For-profit: \$15,000 per program year · Non-profit: \$7,500 per program year
2. Sapphire Sponsorship
For-profit: \$10,000 per program year · Non-profit: \$4,000 per program year
3. Emerald Sponsorship
For-profit: \$5,000 per program year · Non-profit: \$1,500 per program year
4. Ruby Sponsorship
\$2,500 for Annual Conference only
5. Pearl Sponsorship
\$2,000 for Annual Conference only

Fee Payment Information:

- Sponsor fees are assessed annually. The program year is from October 1 to September 30.
- **New** sponsors will be invoiced immediately following official acceptance of the Sponsorship Application by the TACHC Board of Directors.
- **Renewing** sponsors will be invoiced prior to the beginning of the next program year.
- A letter notifying you of the Board's decision on your application will be sent within two weeks of final decision. The TACHC Board review includes an assessment of sponsorship appropriateness based on the applicant's business focus, community image, and potential conflicts of interest. (Note: The TACHC Board meets on a quarterly basis. Completed applications must be received by TACHC staff no later than four weeks prior to the third quarterly Board meeting.)

SIGNATURE

Printed Name

Signature

Date

**The above signature certifies that the information provided herein is complete and accurate.
*Incomplete applications will not be considered.***



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APPLICATION CHECKLIST

- Completed and signed Sponsorship Application.
- A copy of the organization's letter from the IRS, verifying its tax exempt status. *Only applies if the organization is applying as a non-profit corporation.*
- A copy of organization's document(s) that describe the nature of the organization's involvement in supporting primary care for underserved populations.