

**Section 1: Information About the Person Completing this Form**

Requestor Name _____	Title _____
SOM Unit _____	Date _____
Email _____	Phone _____

**Section 2. Information about the Sponsorship Opportunity or Event**

Name of Organization Requesting Sponsorship \_\_\_\_\_

Non Profit Tax ID # \_\_\_\_\_ Event Date \_\_\_\_\_

Name of Sponsorship Opportunity or Event \_\_\_\_\_

Has SOM sponsored this Event/Organization in the past? Yes  No  If yes, when? \_\_\_\_\_

Briefly Describe Why UCR School of Medicine Should sponsor this event

**Section 3. Benefits of Sponsorship**

The cost of this sponsorship is \$ \_\_\_\_\_ and includes the following benefits:

Marketing  Booth  Reg Fee  Table  Advertising  Banner  Tickets to Event  Other

**Does this sponsorship include a meal or light refreshments? If so, a cost breakdown is required to determine any cash donation.**

Total cost of meal is \_\_\_\_\_ minus meal value\* of \_\_\_\_\_ Equals \_\_\_\_\_ x # of meals \_\_\_\_\_ Equals Cash Donation

**\*Obtain value of meal from requesting organization**

The Chief of Staff has determined that SOM is receiving an added benefit value that is equal to or exceeds the remaining cash donation in the way of additional advertising (explain and initial). If none, Chancellor approval required for any cash donation amount.

**Section 4. Submitting Your Request For Dean's Office Approval**

- Complete sections 1 - 4 of this Sponsorship Request form.
- Attach: A. Original copy of the proposal request for sponsorship B. Event brochure or flyer C. Transmittal letter to the organization
- Email to UCR School of Medicine Director of Strategic Initiatives

**Section 5. Approval (to be completed by Strategic Initiatives)**

Business Purpose of this Sponsorship Opportunity

<input type="checkbox"/> Principles of Community Engagement	<input type="checkbox"/> Marketing	Amount Approved: _____
<input type="checkbox"/> Other	<input type="checkbox"/> Advancement	

**Approved** \_\_\_\_\_ Date \_\_\_\_\_  
*Linda Reimann Chief of Staff to the Dean, School of Medicine*

**Approved** \_\_\_\_\_ Date \_\_\_\_\_  
*Deborah Deas, The Mark and Pam Rubin Dean, School of Medicine*

Comments: \_\_\_\_\_

**When Additional Approval is Required**

- Deans requests sponsorship is pre-paid prior to event when a meal or light refreshment is served. Common practice is to pay for services once received. (EVC Approval)
- Dean is in attendance AND considered host (EVC approval)
- If cost exceeds per person maximums up to 200% with written justification (EVC approval)
- A cash donation is any part of sponsorship (Chancellor approval)

**Section 6. Submitting to SOM Business Office for Payment**

- Send approved Sponsorship Request Form and all attachments to Business Operations ServiceNow ticket system.
- Attach pre-approvals, if applicable.
- COA

(If known)	Entity	Fund	Activity	Account	Function	Program	Project	Flex 1	Flex 2	Amount

**Instructions:**  
 Complete sections 1 - 4 and submit to strategic Initiatives  
 Strategic Initiatives will complete section 5 and return to requestor  
 Requestor will submit to Business Operations via ServiceNow ticket system