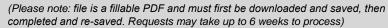
## **Sponsorship Application**





Date Submitted	Date of Event	Time of Event			
Organization				Nonprofit *	
Event Title				Yes*	No
Event Location					
Contact Name					
Phone Number		E-mail			
Street Address					
City		State		ZIP	
Website					
How will funds be used?		Is your organization affiliated with any Federal, State, or Local government entity? If so please list the entity name below:			
Describe the Event/Program					

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How does this event/program connect to Optum's goal of fostering recovery and resiliency in Idaho?

How will Optum be recognized as a sponsor?

Expected number of attendees?	Who is the target audience?	Is there a speaking opportunity for Optum?
1 - 50		Yes
51 -100		No
101 - 200		
201 - 300		
300+		



Comments

**Amount Requested** 

Preferred Method of Payment\*\*

Approved Amount

- 1. Please review Optum Idaho's sponsorship policy at <a href="www.optumidaho.com">www.optumidaho.com</a> before submitting a sponsorship application
- 2. Please note: file is a fillable PDF and must first be downloaded and saved, then completed and re-saved before submitting.
- 3. Email completed application, any event literature, and copy of 501(c)(3) to address or email below
- \* If nonprofit, please include a copy of your organization's 501(c)(3) documentation when submitting application
- \*\*For payment by check, please submit completed W-9 form and allow 45 days after sponsorship approval

Return completed form to: idaho.communications@optum.com

This section to be completed by Optum							
Received by	Date Received	SR-29 Category	Categor	у			
Approved by	Date Approved	Submitted to Finance Re	Region	Payment Made			

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