



Community Building and Donation Request Form

Please include as separate attachment. All areas of this form must be completed to be considered.
Email all information to communityhealthneedsassessment@mhnetwork.org.

Contact Information

Your name _____
Email _____ Phone number _____
What is your role within the organization? _____
Mailing address _____

Your Organization

Organization name _____
Purpose/Mission _____
501(c) status _____
EIN (Tax ID) _____ Website _____
Email _____ Phone number _____

Funding Request Information

Is this request for a *(select all that apply)*:

- Donation
- Community event (please complete Community Event Details section)
- Operational expenses
- Other (Please explain) _____

Who will the funds serve? _____
What counties do you serve? _____
Requested dollar amount _____
What percentage of your total need is being requested from MHN? _____
Please explain how your mission/goals will be met with MHN funds.

Date funds needed _____

Has your organization received, or have you requested funds, from other MHN entities? Check and list amounts below.

- Cabell Huntington Hospital _____
- Hoops Family Children's Hospital _____
- HIMG _____
- Marshall Health _____
- Rivers Health _____
- St. Mary's Medical Center _____

Does your organization have a board? If so, please list member names.



Community Event Details *(if applicable)*

Event name _____ Type of event _____ Date _____

Location _____

Description _____

Overall event goal(s). Please explain how MHN's contribution will help achieve them.

How many years has the event been held? _____

Expected attendance _____

Describe your audience/attendees _____

If your request is approved, are you willing to report back to MHN within 60 days of your event's completion on its success compared to the stated goals (Yes or No)? _____

Before Submitting Request

Please include a copy of your organization's sponsorship guide, packet, flyer, etc. that describes the sponsorship levels, benefits and expectations, as well as any relevant deadlines, promotional opportunities and requirements for participation.

Submitting this form does not guarantee approval. We receive hundreds of requests annually for very worthy community efforts and strive to fulfill as many as possible.

To align with our mission of improving the well-being of all we serve, we prioritize requests to meet the greatest community impact. The Marshall Health Network community giving committee prioritizes requests that support the Marshall Health Network Community Health Needs Assessment (CHNA) and advance community projects that foster healthy living, proper nutrition, exercise, wellness and disease management. The link to the current CHNA can be accessed at [Community Health Needs Assessment - Marshall Health Network](#)