

SPONSORSHIP & DONATION REQUEST FORM

Complete applications must be submitted at least twelve (12) weeks before the event/program date.

Neighborhood Pharmacy supports organizations and initiatives that strengthen the U.S. Virgin Islands. Submission of this form does not guarantee approval or funding. All required documentation must be received before an application can be considered complete.

1. ORGANIZATION INFORMATION

Legal Organization Name*

DBA / Event Name (if different)

Organization Type*

☐ 501(c)(3)	☐ Other Nonprofit	☐ Government/Community Organization	☐ For-Profit
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Physical Address

Mailing Address

Website	Social Media Link(s)

Primary Contact Name*	Title*

Phone*	Email*

Organization Mission / Primary Services*

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Request Details & Community Impact

2. REQUEST INFORMATION

Type of Request*

Charitable Donation	Commercial Sponsorship	In-Kind Donation	Promotional Items
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Event / Program Name*

Event Date*

Event Location*

Amount Requested (\$)

Sponsorship Level (if applicable)

Funding Needed By

Estimated Attendance

Estimated Total Audience / Reach

Total Event / Program Budget

Describe the event/program and how Neighborhood Pharmacy's support will be used.*

3. COMMUNITY IMPACT

Which populations will directly benefit? (Check all that apply)

Women	Children/Youth	Seniors	People Experiencing Homelessness
LGBTQ+ Community	Individuals with Disabilities	Low-Income/Underserved	
Healthcare Patients	Students	Other	

Estimated number of U.S. Virgin Islands residents who will directly benefit

Describe the measurable community impact expected from this event/program.*

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Recognition, Prior Support & Required Attachments

4. NEIGHBORHOOD PHARMACY RECOGNITION / SPONSOR BENEFITS

What will Neighborhood Pharmacy receive? (Check all that apply)

☐ Logo Placement	☐ Event Signage	☐ Social Media Promotion	☐ Website Recognition
☐ Printed Advertising	☐ Radio/TV Recognition	☐ Event Announcements	☐ Vendor/Table Space
☐ Complimentary Tickets	☐ VIP Access	☐ Speaking Opportunity	☐ Pharmacy/Health Exclusivity

Describe the recognition/marketing benefits, including quantity, placement, frequency, and expected reach.*

5. PRIOR NEIGHBORHOOD PHARMACY SUPPORT

Has your organization received support from Neighborhood Pharmacy during the past 24 months?

☐ Yes	☐ No	☐ Unsure
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If yes, provide the approximate date, event/program, and amount or type of support.

6. REQUIRED ATTACHMENTS

Applications are not complete until required documents are received.

☐ Completed W-9 (Required)	☐ Current Business License (when applicable)
☐ 501(c)(3) Determination Letter (if claiming 501(c)(3) status)	
☐ Formal request on organization/event letterhead (Required)	
☐ Sponsorship packet / media kit (if available)	☐ Event flyer / ad materials (if available)
☐ Board / key leadership list (when applicable)	☐ Other supporting documentation

Submission Reminder

Complete applications must be submitted at least twelve (12) weeks before the scheduled event/program date. Neighborhood Pharmacy generally provides sponsorship or donation support to an organization no more than once during a rolling twenty-four (24) month period.

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Payment, Certification & Internal Review

7. PAYMENT INFORMATION

If approved, check should be made payable to:

Neighborhood Pharmacy does not issue sponsorship or donation checks to individuals.

8. APPLICANT CERTIFICATION

By submitting this application, I certify that the information provided is accurate and complete; I am authorized to submit this request on behalf of the organization; submission does not guarantee approval or funding; Neighborhood Pharmacy may request or verify additional information; and Neighborhood Pharmacy generally provides sponsorship or donation support to an organization no more than once during a rolling twenty-four (24) month period.

Authorized Representative Name*

Title*

Electronic Signature*

Date*

Post-Event Requirement

Organizations receiving support may be required to submit a brief post-event report within 30 days, including confirmation of how Neighborhood Pharmacy's contribution was used and evidence of agreed-upon sponsorship recognition.

INTERNAL USE ONLY

Request #

Date Reviewed

Decision

Approve

Approve w/ Conditions

Decline

Approved Amount / Sponsorship Level

Committee Notes

Committee Representative

Final Decision Date