



## EBMS is an Active and Engaged Community Partner

EBMS is a proud supporter of community charitable organizations that serve **youth, education, healthcare, community improvement** and the **arts**. In an effort to promote community wellbeing, EBMS also supports our employees' engagement in serving organizations that enhance our communities.

### How do I request consideration of support for our organization?

Complete the letter of application below with any supporting information about your charity or event, and email it to: [j1long@ebms.com](mailto:j1long@ebms.com); or, mail it to:

Jaylyn Long

*EBMS Executive Administrative Assistant*

*2075 Overland Avenue*

*Billings, MT 59102*

### Criteria to be considered for sponsorship or donation

#### **Recipients must:**

- Present an objective and balanced approach to the program categories: **youth, education, healthcare, community improvement** or the **arts**.
- Present a specific, feasible plan of action to accomplish well-defined objectives and measurable results.
- Demonstrate broad support from local businesses, communities, public agencies, academic institutions and/or conservation organizations.

#### **Ineligible categories:**

- Individuals, unless under an approved educational scholarship program.
- Religious organizations for religious purposes.
- National health organizations.
- Cities, counties or government agencies.
- Travel expenses for conferences and symposiums.
- General endowment funds.
- Operation expenses for tax-supported groups.
- Political action or legislative advocacy groups.



[www.ebms.com](http://www.ebms.com)

P.O. Box 21367  
Billings, MT 59104-1367

P 406.245.3575  
T 800.777.3575  
F 406.652.5380

**EBMS SPONSORSHIP-DONATION APPLICATION**  
(all fields are required)

**Application Date: (mm/dd/yy)**

**Event Date or Need for Sponsorship-Donation: (mm/dd/yy)**

**Need-to-Know-By Date from EBMS for Sponsorship-Donation: (mm/dd/yy)**

**Organization Name:**

**Organization Address:**

**City, State Zip Code:**

**Contact Name and Title:**

**Work Phone:**

**Cell phone:**

**E-mailAddress:**

**Matching Funds from Your Organization: Hard dollars-in-kind matching \$**

**Soft dollars-in kind services \$**

**Dollar Amount Requested from EBMS:**



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Which EBMS program category (ies) apply to your request?

- Youth
- Education
- Healthcare
- Community Improvement
- Arts

Describe how the EBMS sponsorship or donation will be used. Please include plan of action, objectives, and expected outcomes.

Describe other support your organization will receive in this venture.