



## EBMS is an Active and Engaged Community Partner

EBMS is a proud supporter of community charitable organizations that drive community improvement by serving and partnering in the areas of **youth, education, and healthcare.**

### 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, and healthcare.**
- 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

### 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:**

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

Youth     Education     Healthcare

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.