

Southern Nevada Health District
Move Your Way Youth – Sponsorship Application

Name of Organization:

Will the program/activity/event you are applying for reach:

 Youth Parents/Guardians of Youth Both

Is the program/activity/event you are applying for:

 A new program/activity/event An existing program/activity/event

If existing, please describe how the sponsorship will support program expansion and/or reach additional people:

Approximately how many people do you anticipate reaching through your proposed program/activity/event?

When will your proposed program/activity/event occur (Date)?

What population groups will benefit from your proposed program/activity/event? Check all that apply.

American Indian or Alaska Native Native Hawaiian or Another Pacific Islander
Asian White
Black or African American Other (please list) _____

How much are you requesting for sponsorship of your program/activity/event? You can request up to \$1,000.

Briefly describe how the sponsorship funds will be used (staff time, venue rental, educational materials, refreshments, promotional activities, etc.)?

Briefly describe your proposed program/activity/event in the space below:

By submitting this application, I acknowledge that I have the authority to complete this application on behalf of my organization and that we will comply with the eligibility conditions of the sponsorship.

Name Date

Email Phone

Email Application to: gethealthy@snhd.org by 5:00 pm March 20, 2020.