



Seasonal Athletic League/Club Sport Medical Coverage Application Guidelines

Purpose and Philosophy

St. Luke's Sports Medicine is proud to be the community leader in providing sports medicine care and support throughout Southwest Idaho and Eastern Oregon. Our physicians and athletic trainers are committed to providing the highest level of Sports Medicine and orthopedic care to schools and communities in these areas. With the continued growth and requests for athletic training services, we have developed an application process to address community needs in a streamlined fashion. Through this process we can identify the community needs of highest priority to determine staffing requirements, thus ensuring we provide the highest level of care possible.

Note: If you are not interested in medical coverage, but only in a cash sponsorship, please return to www.stlukesonline.org/sports to fill out the appropriate application. You may request a cash donation through this application, but only in addition to medical coverage.

Coverage Criteria/Eligibility

Medical coverage and funding will be considered for proposals specifically involving local athletic leagues and club teams that meet all of the following criteria:

- Benefit a geographic area served by St. Luke's. Priority shall be given to Ada and Canyon County.
- Are consistent with St. Luke's Health System mission, vision and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke's services and departments.
- Must be an educational institution or other community group/organization involved in youth or adult athletic leagues or events.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

Limitations

Funding will **NOT** be approved for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals

Operating Guidelines

- In-kind services or other contributions as agreed upon by both parties shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.
- All applications must be approved by the St. Luke's Sports Medicine Application Committee.
- Recipients shall give appropriate acknowledgment to St. Luke's Sports Medicine in all promotional materials, activities and programs receiving support through St. Luke's Sports Medicine.

Timeline

1. There are four application periods (one per quarter) throughout the year. Deadlines for each application period are as follows:
 - January 1st (February 1st Announcement of application acceptance)
 - April 1st (May 1st Announcement of application acceptance)
 - July 1st (August 1st Announcement of application acceptance)
 - October 1st (November 1st Announcement of application acceptance)

Note: Applications received after a deadline will not be considered until the following review period. All applications should be submitted during the quarter that allows at least three months lead time prior to an athletic league or club sport starting. Applications are subject to denial of services if proper lead time is not permitted.

2. All applications will be reviewed following each application deadline and evaluated based upon established criteria. St. Luke's makes the final determinations and applicants usually receive written notification of their decision within one month following an application deadline.
3. Services and/or funding typically commence at a predetermined start date as agreed upon by all parties.

How to Apply

1. Download and review these application guidelines at www.stlukesonline.org/sports.
2. Complete the application and gather any necessary attachments.
 - If you are seeking a cash donation in addition to medical coverage, supplying a W-9 form with the application may expedite the donation process if your application is accepted.
 - If it is possible to attach a complete schedule of events and practices, please do so.
 - If your organization maintains 501(c)3 status, please attach verification documentation.
3. Email the completed application to at@slhs.org as WORD attachments. In the subject field of the email header, type "Sports Medicine Sponsorship Application" (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below, or faxed to 208-381-9201).
4. **Applications must be received by the intended deadline. Late applications will not be reviewed until the following review period, or may be deemed ineligible due to lack of lead time.**

Contact Information

Kip Dribnak

St. Luke's Sports Medicine

111 West State Street

Boise, ID 83702

Email: at@slhs.org Phone: (208) 870-5460



*Seasonal Medical Coverage
Application Form*

Section 1: Organization Information

Organization Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact _____ Title _____

Phone _____ Email _____ Website _____

Purpose/Mission _____

Section 2: General Information

Please fill out the remaining questions to the best of your ability. If specifics are unknown, please estimate or approximate as best possible. Each question may or may not apply to your situation. Please fill out the form as completely as possible, and leave questions blank if they are not applicable. We will contact you if additional information is needed.

- Date of this request: ___/___/___
- Is your organization:
 - For profit
 - Not for profit
 - N/A
- What is your projected budget for medical costs? \$ _____
- In addition to medical coverage are you requesting a cash donation? (Y/N) _____
 - If yes, what is the requested amount? \$ _____
 - What is the intended use of the donation? _____

- Is signage placement available at your home fields (Y/N)? _____
- Are you open to logo placement on t-shirts or jersey's (Y/N)? _____
- Do you publish / print a program for your team, club or league (Y/N)? _____
- If you have PA announcements, are sponsors able to provide announcements at games and tournaments (Y/N or N/A)? _____
- Do you maintain an active website (Y/N)? _____
 - If yes, how many "hits" per month do you receive? _____
 - Do you allow sponsors a space for logos on your website (Y/N)? _____
- Does your organization regularly engage in social media (Y/N)? _____

Section 3: Demographics

Please fill-out one section per sport for which you wish to receive medical coverage. **When complete, please continue filling out the form in Section 4.** If specifics are unknown, please estimate or approximate as best possible. Each question may or may not apply to your situation. Please fill out the form as completely as possible, and leave questions blank if they are not applicable. We will contact you if additional information is needed.

Sport Name: _____

- How many seasons provided each year? (ie. fall, winter, spring, summer) _____
- Season(s) start/end dates (please approximate if needed): _____
- Season(s) length (# of weeks including weeks you only practice): _____
- How many games per season, per team (regular season only): _____
- How many practices per week, per team (please approximate if needed)? _____
- Are you interested in medical coverage for competitions, practices, or both? _____
- Competition or practice locations you will need medical coverage at, and number of fields/courts etc., used at any one time (please list):

<u>Locations</u>	<u># of fields, courts, etc.</u>	<u>Practice or game location?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Total estimated number of athletes: _____
- Estimated number of teams: _____
- Estimated number of coaches per team: _____
- Estimated number of adults per athlete who attend games/tournaments on average: _____
- Do you offer/compete in any playoffs/tournaments you would need coverage for (Y/N): _____
 - If yes, please list tournament/playoff dates (as many as applicable): _____

- Please list the locations of tournaments if different than your home fields, and the number of fields/courts etc., used at any one time:

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_____	_____

Section 4: Additional Information

- Is your organization/team open to educational opportunities provided to coaches, parents, athletes or game officials? Educational topics may include concussion, sports injuries, rehabilitation, nutrition, etc. (Y/N): _____
- Is or has your organization received funding from St. Luke's or from any St. Luke's affiliates in the past in the form of sponsorship dollars, in-kind support, or grants? If so, please list which St. Luke's department(s) or affiliate(s), dates, and amount of funding or type of support:

- Positive outcomes for your organization from this sponsorship/support include:

- Positive outcomes for your community from this sponsorship/support include:

- Positive outcomes for St. Luke's from this opportunity include:

- St. Luke's is asking all current and new partners to participate /volunteer in activities and/or initiatives focused around our mission. Is this something your organization, program or team would be willing to be a participant /volunteer (Y/N)? _____

- St. Luke's mission is "to improve the health of people in our region," and is based on the values of integrity, compassion, accountability, respect and excellence. Please briefly explain how your organization strives to promote and uphold these values.

TO SUBMIT:

Email this completed application to at@slhs.org as WORD attachments. In the subject field of the email header, type “Sports Medicine Sponsorship Application” (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below, or faxed to (208) 381-9201)

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