

Centra Sponsorship Application Form 2026

ORGANIZATION INFORMATION

Legal Name:

Legal name of the organization according to the IRS.

Organization Mailing Address:

Organization's address for the person authorized to contact on behalf of the organization. All documents and payments will be sent to this address.

Street Address _____

City _____

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip _____

Physical Address:

Organization's address if different than mailing address.

Same as Preferred Mailing Address? Yes
 No

Street Address _____

City _____

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

 Employer Identification Number (EIN#):

Tax ID number issued by the IRS.

 ORGANIZATION REGISTRATION STATUS

Is your organization registered with the Virginia Department of Agriculture and Consumer Sciences to solicit a nonprofit? (**For more information, go to <http://www.vdacs.virginia.gov/pdf/oca102registrationstatement.pdf> for guidance on the registration process.**)

(Check one)

- Yes
- Exempt (please provide appropriate documentation in supporting docs upload)
- In progress (please provide appropriate documentation in supporting docs upload)

Is your organization registered with 2-1-1 Virginia and if so, is the information up to date? **You can register or update your information by going to <https://211virginia.org/consite/addUpdateAgency/index.php/AgencyLogin>.**

(Check one)


- Yes
- No (please explain why) _____

Is your organization registered with Unite Virginia? For more information, go to **PartnerRegistrationForm** for guidance on the registration process. If your organization is not registered, please explain why.


(Check one)


- Yes
- No (please explain why) _____


 ORGANIZATION POINT OF CONTACT INFORMATION

 Name of Executive Director/CEO/President of the organization:
(if awarded, notification of funding will be sent to the organization's Executive Director/CEO/President)

 Title (i.e. Executive Director/CEO/President of the organization):


 Phone Number:

 Email:

 Is this the same person who is submitting the sponsorship application?

Yes

No

 If no, please provide the name, title, phone number and email of the person submitting the request on behalf of the organization.


Name: _____


Title: _____

Phone Number: _____


Email: _____


 SPONSORSHIP INFORMATION

 Sponsorship Title:


 Indicate any previous source(s) of Centra funding over the past 5 years:


List the purpose, year(s) and amount.


 Percentage of Board members making a financial contribution to the organization in the most recent fiscal year. **If 100% of board members are not making a financial contribution, please explain?**


 Estimated number of people who will attend this event and/or who are reached by this sponsorship opportunity:


 Amount of Request to Centra:

 Sponsorship Start Date:
____ / ____ / ____ (YYYY/MM/DD)

 Sponsorship End Date:
____ / ____ / ____ (YYYY/MM/DD)

 Dates(s) of Event:
____ / ____ / ____ (YYYY/MM/DD)

 Dates(s) of Event:
(when applicable)
____ / ____ / ____ (YYYY/MM/DD)

 Date(s) Marketing Materials are required
(when applicable)
____ / ____ / ____ (YYYY/MM/DD)

Main Geographic area served by this project:


(Choose one)

- Bedford Area
- Farmville Area
- Lynchburg Area

Localities served by this project: **(Bedford Area)**

(Check all that apply)

- Town of Bedford
- County of Bedford

 **Bedford Area** -- Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessment (CHNA):


Choose one:

- Mental Health and Substance Use Disorders & Access to Services
- Access to Healthcare Services
- Food Insecurity & Nutrition
- Issues Impacting Children & their Families: Child Abuse & Neglect; Childcare
- Homelessness & Housing
- Transportation
- Aging and Eldercare
- Dental Care & Dental Problems
- Coordination of Resources & Community Outreach
- Chronic Disease

Localities served by this project: **(Farmville Area)**

(Check all that apply)

- Town of Farmville
- Amelia
- Buckingham
- Charlotte
- Cumberland
- Lunenburg
- Nottoway
- Prince Edward

 **Farmville Area** -- Primary needs to be addressed, as identified in Centra's 2024 Community Health Needs Assessment (CHNA):


Choose one:

- Access to Healthcare Services
- Mental Health and Substance Use Disorders & Access to Services
- Food Insecurity and Nutrition
- Homelessness & Housing
- Transportation
- Aging and Eldercare
- Issues Impacting Children & their Families: Child Abuse & Neglect; Childcare
- Employment / Job assistance
- Financial Stability & Assistance
- Chronic Disease

Localities served by this project: (**Lynchburg Area**)


(Check all that apply)


- City of Lynchburg
- Amherst
- Appomattox
- Campbell
- Pittsylvania


 **Lynchburg Area** -- Primary needs to be addressed, as identified in Centra's 2024 Community Health Needs Assessment (CHNA):

Choose one:

- Access to Healthcare Services
- Mental Health and Substance use Disorders & Access to Services
- Food Insecurity and Nutrition
- Homelessness & Housing
- Issues Impacting Children & their Families: Child Abuse & Neglect; Childcare
- Aging and Eldercare
- Coordination of Resources & Outreach
- Chronic Disease
- Transportation
- Financial Stability & Assistance

 Briefly describe the organization's mission, vision, and values: (50 word limit)


 Provide a brief summary of the sponsorship request and the event(s) to be sponsored. (50 word limit)


 If funded, please describe specifically how Centra dollars will be used for this sponsorship. (50 word limit)


 Target Population(s):


Please describe the population that will benefit from this event including demographic information for this population (*race, gender, ethnicity, age, income*). (50 word limit)

 How does this sponsorship address the Community Health Needs Assessment (CHNA) primary need identified? (*If applicable*) (50 word limit)

 If this sponsorship does not address a CHNA need, how does it address a regional need(s) for economic, social, or community development? (50 word limit)

 Please describe the marketing opportunities available to Centra through this sponsorship: (50 word limit)

 Please provide 3-4 sentences about your event that can be used for our marketing and media outlets:

 Additional information:
