



# San Antonio Area HIV Health Services Planning Council

Corporate Square - 4801 NW Loop 410, San Antonio, TX 78229 (210) 644 1360 - FAX (210) 702-6952

## **SAN ANTONIO AREA HIV HEALTH SERVICES PLANNING COUNCIL POLICY AND PROCEDURES ON SPONSORING EVENTS**

**Background:** The policies set forth were approved by the San Antonio Area HIV Health Services Planning Council, referred to as Planning Council, on February 26, 2015. The procedures are prescribed by the Planning Council and are to be followed by agencies requesting financial support from the Planning Council for sponsored meetings/seminar events that benefit persons with HIV/AIDS and which meet a public purpose.

These policies, procedures and guidelines apply to all requests/applications for sponsorship. Requests from the People's Caucus will be handled separately.

### **POLICIES**

Eligible funding requests/applications are subject to availability of funding in the Planning Council's budget and approval by the Planning Council body. Council funds may be expended for sponsored meetings/seminar events provided the expenditures benefit persons with HIV/AIDS and meet a "public purpose."

1. The Planning Council will determine if the request/application serves persons with HIV/AIDS and also meets a public purpose.
2. Expenditures for each sponsored meeting/seminar event shall be limited to \$300 per event.
3. Expenditures for meetings/seminar events cannot include any form of alcoholic beverages.
4. Table sponsorships will not be funded.
5. Agencies funded by Bexar County general funds, CDBG public service funds or RX Card funds will not be eligible to receive Planning Council funds. Agencies serving as coordinators of events serving persons with HIV/AIDS are exempt from this provision.

### **PROCEDURES**

1. Agencies requesting financial support must complete and submit an application for funding to the Planning Council Liaison **sixty (60) days before** the meeting/seminar event.

2. The application must include the description and the purpose of the meeting/seminar event.
3. The application must include the items or services to be purchased.
4. The application must indicate to whom the payment should be made.
5. Upon receipt of a correctly completed application, the Planning Council Liaison will place the request on the Executive Committee and Planning Council agendas for review and approval.
6. Upon approval, the Planning Council Liaison will notify the requestor of the Planning Council's decision.
7. The Planning Council Liaison will ensure that the proper documentation is submitted to the Bexar County Hospital District Procurement office for processing of payment.

**THE SAN ANTONIO AREA HIV HEALTH SERVICES PLANNING COUNCIL**



Ryan White Planning Council – Corporate Square  
 4801 NW Loop 410, San Antonio, TX 78229  
 210.644.1360 (phone) 210.702.6952 (fax)

**SPONSORSHIP APPLICATION FORM**

<b>ORGANIZATION DETAILS</b>			
Name of organization:		Is your agency coordinating this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postal Address:			
City:	State:	Zip Code:	Website of Organization:
Contact Person:			
Office Phone:	Alternate Phone:	Fax Number:	Email Address:
Brief description of organization:			
<b>EVENT DETAILS</b>			
Name of event:		Date of event:	Time of event:
Location of event:			
Brief description of the event:			
<b>SPONSORSHIP REQUEST</b>			
Amount of sponsorship requested: (Amt. not to exceed \$300)	\$_____	Check made payable to:	
Please describe specifically how the funds requested will be used:			
Please describe how these funds will be used to benefit the HIV/AIDS community and meets a public purpose?			
Has your agency received funding from Ryan White in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FOR OFFICE USE ONLY</b>			
Application received on:		Application reviewed by:	
Date of Planning Council approval:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:			