

Provost's Committee on Student Mental Health Sponsorship Requests

The Provost's Committee on Student Mental Health welcomes requests to sponsor events and programs designed to raise awareness of or otherwise benefit student mental health issues on campus. Sponsorship opportunities include: support in the form of its public endorsement of the mental health event or program, assistance with marketing, a financial contribution, and/or committee members' involvement with the event or program.

The committee's decision to sponsor an event or program, including the area(s) and level of sponsorship, is based primarily on the following criteria:

- The potential benefits to University students' mental health.
- How the proposed event/program otherwise demonstrates the committee's mission, e.g., campus-wide collaboration to promote mental health awareness, supporting a University culture in which all can thrive and reach their full potential.
- The impact of the committee's sponsorship on the event/program's success.
- The availability of funds and committee members to assist as requested.

To request the committee's sponsorship of your event/program:

- Note the committee's schedule for decisions regarding sponsorship requests (below). As the committee reviews on a monthly basis, please submit your request as early in the planning stages of your event as possible to ensure timely review/action.
- Complete the attached form.
- Submit the completed form to DGolden@bhs.umn.edu.

**Provost's Committee on Student Mental Health
Sponsorship Request Form**

Instructions: Please complete the form and submit it to DGolden@bhs.umn.edu. The committee reviews sponsorship requests on a monthly basis. The individual identified below as the contact for your event/program will be notified of the committee's decision.

Event/program information

Name of event/program: _____

Date(s): _____

Start/end times: _____

Location(s): _____

Event/program organizer(s)

Name of person/organization organizing event/program:

Affiliation with the University of Minnesota (check all that apply):

- College
- Department
- Student group
- Other (please describe) _____
- Not affiliated with the University of Minnesota

Event/program contact information

Note: The committee will notify this individual of its decision regarding your request.

Name:

Phone:

Email address:

Requested sponsorship

Please check all that apply, and provide requested information.

- Committee endorsement
If your endorsement request is approved, the Provost's Committee on Student Mental Health will provide you with an endorsement statement for use in your promotional materials.

- Marketing assistance
Please describe the type(s) of marketing assistance needed:

____ Financial contribution

Requested amount: _____

Maximum amount provided, \$1,000 per event/program

Please describe how the committee's financial contribution will be used. Please include a detailed budget listing your expenses (either attached or below):

____ Committee participation

Please describe committee member role(s) at the event/program:

____ Other

Please describe how the committee can be of assistance, other than as noted above:

Additional information

1. Please provide a detailed description of the event/program, including your proposed budget:
2. How will this event/program benefit U of MN student mental health and promote the committee's vision of "A University culture in which all can thrive and reach their full potential"?
3. How would the committee's support assist in the success of this event/program?
4. Does the event/program have other sponsors? If so, who are they and what form of sponsorship are they providing?
5. How will the event/program be evaluated to determine its success?

Please submit the completed form to:

DGolden@bhs.umn.edu