



Project 816 Corporate Sponsorship Inquiry

Thank you for your interest in partnering with Project 816. This form helps us understand your organization's goals so we can create a meaningful and aligned sponsorship experience.

Section 1: Company Information

- Company Name
- Contact Person (Full Name)
- Title / Role
- Email Address
- Phone Number

Section 2: Sponsorship Interest

- Sponsorship Level (Select One)
 - \$2,500 – Foundational Support
 - \$5,000 – Extended Healing
 - \$10,000 – Stability Package
 - \$15,000 – Comprehensive Stability
 - \$25,000 – Full Transformation
 - Custom Amount
- Are you interested in:
 - Sponsoring a specific employee/family
 - Creating a general employee support fund
 - Not sure yet / would like guidance

Section 3: Organization Goals

- What inspired your interest in this partnership? (*Short answer*)
- What outcomes are most important to your organization? (*Optional*)
 - Employee well-being
 - Retention
 - Crisis support
 - Community impact
 - Other: _____

Section 4: Implementation Preferences

- Do you currently have internal resources (HR, EAP, etc.) for employee support?
(*Yes/No/Unsure*)
- Would you like support integrating this program into your organization? (*Yes/No*)

Section 5: Additional Notes

- Is there anything else you'd like us to know? (*Optional*)

Thank you for your commitment to supporting your people. A member of Project 816 will follow up within 24-48 hours to discuss next steps. **Email Inquiry to: info@project816.org**