



## Delaware Health Care Facilities Association

*"Fostering Quality Care in the Long Term Care Continuum since 1963"*

501 Silverside Road, Suite 51, Wilmington, DE 19809

(302)235-6895 Phone (302)239-4214 Fax

Email: [cheiks@dhcfa.org](mailto:cheiks@dhcfa.org) Web: [www.dhcfa.org](http://www.dhcfa.org)

Dear Service Provider:

As a service provider for the Delaware Long Term Care Community, your company and Delaware Health Care Facilities Association members share a common goal – to make a difference in the lives of the state's aging population. DHCFA works to provide a collective voice and a resource in Delaware for providers, their patients, and affiliated companies who assist in the operation and delivery of services through education and advocacy.

The projected 60+ population in Delaware is expected to grow 30% within the next five years, presenting a tremendous opportunity for your organization. Becoming a DHCFA sponsor supports our continued advocacy work, but also provides a direct conduit to build relationships with your customers. With legislative changes coming at the state and federal level, your support is needed now more than ever.

Will you consider joining DHCFA at one of our annual sponsor levels? By becoming a Gold, Silver, or Bronze sponsor you can budget and invest in DCHFA once for the year. This Sponsorship year will include live and virtual event opportunities, advertising, and meet-and-greets via Zoom with our providers.

- Sponsors have the opportunity for virtual "meet-and-greets" with providers
- Sponsorship includes free banner ad space for our weekly provider e-letter, with links
- At the **Titanium** (\$10,000) and **Platinum** (\$7,500) level, you will have the highest level of connection with our provider members, networking opportunities at every live event, and more. Please call us at 302-235-6895 to discuss your investment and how DHCFA can meet your needs.
- At the **Gold** level, your \$5,000 investment gives you year-round, high-level exposure to our members with prominent placement at our events, on our website, and in our directory along with all other associate member benefits.
- At the **Silver** level, your \$2,500 investment commits your sponsorship for the year, with prominent placement at two of our three major events, a forward presence on our website, and a full-page ad in the annual directory along with all other associate member benefits.
- At the **Bronze** level, your \$1,500 investment gives you a sponsorship at one of our workshops, a booth space at one of our three major events, a full-page ad in the directory, a listing and link on our website, and all other associate member benefits.

To help you make a decision, review the chart that's attached. You will also find in this packet:

- A Sponsorship Commitment form. We ask that you complete it fully to ensure accuracy in the directory
- A W-9 form should you need it to process payment

DHCFA and its members in the Long Term Care Community appreciate your support, and we look forward to you joining us. Please do not hesitate to call our office with any questions.

Thank you,

*Cheryl Heiks*

Cheryl Heiks  
Executive Director

# DHCFA Sponsorship Benefits

Make your once-a-year investment for the broadest exposure to the long-term care community in Delaware

*Get all of the benefits below and MORE. Call us about a Titanium (\$10,000) or Platinum (\$7,500) sponsorship!*

| <i>Sponsorships available</i>  |                         |                           |                           |                            |
|--|-------------------------|---------------------------|---------------------------|----------------------------|
| <b>Benefits</b>  | <b>Gold<br/>\$5,000</b> | <b>Silver<br/>\$2,500</b> | <b>Bronze<br/>\$1,500</b> | <b>Associate<br/>\$550</b> |
| Sponsorship at Annual Trade Show with exhibit table and priority location selection, and full-page ad in program   | ✓                       | ✓                         |                           |                            |
| Sponsorship at Annual Meeting, Assisted Living Conference, Dec. Social   | ✓                       |                           |                           |                            |
| Sponsorship Trade Show and one additional event  |                         | ✓                         |                           |                            |
| Sponsor at one educational event (\$1,000 value)   |                         |                           | ✓                         |                            |
| Opportunity for "Meet and Greet" with providers via Zoom   | ✓ (4)                   | ✓ (3)                     | ✓ (2)                     |                            |
| 8' x 10' exhibit space with preferred placement at <u>3 major events</u>   | ✓                       |                           |                           |                            |
| 8' x 10' exhibit space with preferred placement at <u>2 major events</u>   |                         | ✓                         |                           |                            |
| 8' x 10' exhibit space with preferred placement at <u>1 major event</u>  |                         |                           | ✓                         |                            |
| 8" x 10" inside page ad in directory   | ✓                       | ✓                         | ✓                         |                            |
| Opportunity to submit educational articles for DHCFA blog  | ✓                       | ✓                         |                           |                            |
| Opportunity to provide educational speakers along with 5-minute "about our company"  | ✓                       | ✓                         | ✓                         |                            |
| Banner ad opportunities for our provider weekly e-letter   | ✓ (4)                   | ✓ (3)                     | ✓ (2)                     |                            |
| Logo on directory cover  | ✓                       |                           |                           |                            |
| Listing as <u>sponsor member</u> in directory with logo  | ✓                       | ✓                         | ✓                         |                            |
| Logo on website with link  | ✓                       | ✓                         | ✓                         |                            |
| Banner ad space for purchase on weekly provider e-letter   |                         |                           |                           | ✓                          |
| Associate member benefits: <ul style="list-style-type: none"> <li>• Listing in the membership directory, distributed annually to members, hospital systems, government agencies, State and Federal legislators, and other referral agencies and stakeholders</li> <li>• Listing in our online Associate member directory with PDFs of marketing material posted</li> <li>• Access to resource information about Delaware providers, regulatory State agencies, and more!</li> <li>• Event-specific sponsorship opportunities*</li> <li>• Legislative and regulatory resources support</li> <li>• Networking opportunities</li> <li>• *These include advertising opportunities, webinar sponsorships, speaker sponsorships, meal sponsorships, and grand door prize sponsorships</li> </ul> | ✓                       | ✓                         | ✓                         | ✓                          |

Questions about sponsorships and Associate memberships?  
Please call our office at 302-235-6895.

**DHCFA looks forward to welcoming you!**





# Delaware Health Care Facilities Association

*"Fostering Quality Care in the Long Term Care Continuum since 1963"*  
501 Silverside Rd. Suite 51, Wilmington, DE 19809

(302)235-6895 Phone (302)239-4214 Fax Email: [tmorris@dhcfa.org](mailto:tmorris@dhcfa.org) Web: [www.dhcfa.org](http://www.dhcfa.org)

## SPONSOR COMMITMENT FORM

Company/Organization/Individual:

\_\_\_\_\_

Check all that apply:  Corporation  Professional Organization  Sole Proprietorship

For Profit  Non-Profit

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business \_\_\_\_\_

\_\_\_\_\_

Description of Services of Products: \_\_\_\_\_

\_\_\_\_\_

Does your company belong to any other healthcare-related association?  YES  No

If yes, please list: \_\_\_\_\_

### SPONSOR COMMITMENT (please check selections)

Check Enclosed  Credit Card (see authorization form)  Send Invoice

**TITANIUM \$10,000.** I understand we will receive all the rights and privileges outlined under the Titanium sponsor level, including an associate membership.

**PLATINUM \$7,500.** I understand we will receive all the rights and privileges outlined under the Platinum sponsor level, including an associate membership.

**GOLD \$7,500.** I understand we will receive all the rights and privileges outlined under the Gold sponsor level, including an associate membership.

**SILVER \$5,000.** I understand we will receive all the rights and privileges outlined under the Silver sponsor level, including an associate membership.

**BRONZE \$1,500.** I understand we will receive all the rights and privileges outlined under the Silver sponsor level, including an associate membership.

**Associate Membership (\$550).** I understand we will receive all the rights and privileges of Associate membership.

Please contact Cheryl Heiks [cheiks@dhcfa.org](mailto:cheiks@dhcfa.org) or Tomi Morris [tmorris@dhcfa.org](mailto:tmorris@dhcfa.org) with questions about sponsorship.

Mail/Fax forms and payment method to:

Delaware Health Care Facilities Association, 501 Silverside Road, Wilmington, DE 19809 **SECURE FAX: 302-329-4214**



# Delaware Health Care Facilities Association

“Fostering Quality Care in the Long Term Care Continuum since 1963”

751 Silverside Road, Suite 51, Wilmington, DE 19809

Phone: 302-235-6895 Secure Fax: 302-239-4214

## CREDIT CARD AUTHORIZATION FORM

**MAIL or FAX only. Do not email.**

Company/Organization: \_\_\_\_\_

Reason for payment (check one):

Sponsorship  Association Membership

Advertising in next Membership Directory (Associate Members)

Credit Card Type:  VISA  MasterCard  American Express  Discover

Number:

\_\_\_\_\_

Expiration: \_\_\_\_\_ Cardholder Information:

Name on card:

\_\_\_\_\_ Email:

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Email Receipt Requested  YES  NO

TOTAL AMOUNT: \$ \_\_\_\_\_ Fax Receipt Requested  YES  NO

Receipt will be kept on file unless requested. If receipt is requested, please provide the person’s name who is to receive the receipt, their fax number and email, if difference from the cardholder information above:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mail to: DHCFA 501 Silverside Rd., Ste 51 Wilmington, DE 19809 or FAX to: 302-239-4214**

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Delaware Health Care Facilities Association**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC       C Corporation       S Corporation       Partnership       Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **NonProfit 503(c)6**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**501 Silverside Rd. Suite 51**

6 City, state, and ZIP code  
**Wilmington, DE 19809**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

OR

Employer identification number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | - | 0 | 2 | 8 | 3 | 7 | 9 | 8 |
|---|---|---|---|---|---|---|---|---|---|

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here      Signature of U.S. person ▶ Cheryl Hicks      Date ▶ 1/1/23

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.